

<i>SERFF Tracking Number:</i>	<i>CMLX-G128543962</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Companion Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR001940100005</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>DEEM01GR12</i>		
<i>Project Name/Number:</i>	<i>DEEM01GR12/AR001940100005</i>		

Filing at a Glance

Company: Companion Life Insurance Company

Product Name: DEEM01GR12

SERFF Tr Num: CMLX-G128543962

State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-Closed

State Tr Num:

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: AR001940100005

State Status: Approved-Closed

Filing Type: Form

Author: SPI CompanionLife

Reviewer(s): Rosalind Minor

Date Submitted: 07/05/2012

Disposition Date: 07/06/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 08/05/2012

Implementation Date:

State Filing Description:

General Information

Project Name: DEEM01GR12

Status of Filing in Domicile: Not Filed

Project Number: AR001940100005

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 07/06/2012

State Status Changed: 07/06/2012

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

Filing Description:

Companion Life Insurance Company hereby submits for your consideration and approval Group Dental Insurance Policy 514 PPO; and Group Dental Insurance Certificate 515 PPO.

These forms are similar to forms that were previously approved by your department with the exception that we added the PPO language. These forms will be issued to employer/employee groups.

The Group Dental Insurance Policy is the master policy that will be issued to the Employer. A copy of the Group Dental Insurance Policy and Certificate have been included. The Master Application form number 95187 and the Enrollment

SERFF Tracking Number: CMLX-G128543962 State: Arkansas
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 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: DEEM01GR12
 Project Name/Number: DEEM01GR12/AR001940100005

form number 95206 have been previously approved by your department.

These forms have not been submitted to our domiciliary state of South Carolina.

State Narrative:

Company and Contact

Filing Contact Information

Christopher Law, Contracts Compliance Christopher.Law@companiongroup.com
 Specialist
 7909 Parklane Rd 803-735-1251 [Phone] 45001 [Ext]
 Columbia, SC 29223-5666 800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company CoCode: 77828 State of Domicile: South Carolina
 7909 Parklane Rd, Suite 200 Group Code: 661 Company Type:
 Columbia, SC 29223-5666 Group Name: Companion Life State ID Number:
 Insurance Company
 (803) 735-1251 ext. [Phone] FEIN Number: 57-0523959

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$100.00	07/05/2012	60672080

SERFF Tracking Number:	CMLX-G128543962	State:	Arkansas
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Product Name:	DEEM01GR12		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/06/2012	07/06/2012

<i>SERFF Tracking Number:</i>	<i>CMLX-G128543962</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>DEEM01GR12</i>		
<i>Project Name/Number:</i>	<i>DEEM01GR12/AR001940100005</i>		

Disposition

Disposition Date: 07/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMLX-G128543962	State:	Arkansas
Filing Company:	Companion Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AR001940100005		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	DEEM01GR12		
Project Name/Number:	DEEM01GR12/AR001940100005		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Enrollment Form	Approved-Closed	Yes
Form	Group Dental Insurance Policy	Approved-Closed	Yes
Form	Group Dental Insurance Certificate	Approved-Closed	Yes

SERFF Tracking Number: CMLX-G128543962 State: Arkansas

Filing Company: Companion Life Insurance Company State Tracking Number:

Company Tracking Number: AR001940100005

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: DEEM01GR12

Project Name/Number: DEEM01GR12/AR001940100005

Form Schedule

Lead Form Number: 514 PPO

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/06/2012	514 PPO	Policy/Cont ract/Fratern al Certificate	Group Dental Insurance Policy	Initial		48.800	514 PPO- Generic Policy.PDF
Approved-Closed 07/06/2012	515 PPO	Certificate	Group Dental Insurance Certificate	Initial		48.600	515 PPO - Generic Certificate.PD F



Companion Life

COMPANION LIFE INSURANCE COMPANY
7909 PARKLANE ROAD, SUITE 200, COLUMBIA SC 29223-5666
P.O. Box 100102, Columbia, South Carolina 29202-3102
(803) 735-1251

(the "Company")

Policy No.: [12345678]

Effective Date: [January 1, XXXX]

Policyholder: [ABC Corporation]

Date of Policy Issue: [January 1, XXXX]

Policy delivered in [Michigan] and subject to the laws of that jurisdiction.

Policy Renewal Dates: Policy Anniversary date and the same date of each year thereafter.

In consideration of the Application made by the Policyholder, and receipt of any and all Premiums when due, Companion Life Insurance Company agrees to provide the coverage described herein subject to all provisions of this Policy and any amendments added to this Policy.

The first premium is due on the date of issue of this Policy. This Policy shall renew each Policy Renewal Date unless Terminated in accordance with the Policy Termination provision. The Entire Contract provision of this policy determines all rights and Benefits of persons who are insured hereunder.

This page and the pages which follow are all part of this Policy and is fully recited over the signature shown below.

Trescott N. Hinton, Jr.
President

**GROUP DENTAL INSURANCE POLICY
RENEWAL AT OPTION OF THE COMPANY**

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SCHEDULE OF BENEFITS

[Group Name:

Group Policy No.:

Class of Employees Eligible for Insurance

[All Employees]

Persons Covered

[Employees and Dependents]

Employment Waiting Period

Employee Eligible on the [1st] [15th] of the Month Following Employer's [30] [60] Days Waiting Period

[PPO]

[Non-PPO]

Predetermination of Benefits Amount

Applicable to All Classes of Service

[\$200-\$500]

[\$200-\$500]

Maximum Contract Year Payment Applicable to Each

Insured for Covered Services Other Than Orthodontia

[\$500-\$2,000]

[\$500-\$2,000]

Lifetime Deductible Amount Applicable to Each Insured

Person for Covered Services Other Than Orthodontia

[\$50-\$200]

[\$50-\$200]

Deductible Waived for Class I Services

[Yes] [No]

[Yes] [No]

Orthodontic Services

[Yes] [No]

[Yes] [No]

Lifetime Deductible Amount Applicable to Each

Dependent Child for Orthodontic Services

[\$0-\$100]

[\$0-\$100]

Lifetime Maximum Applicable to Each Dependent

Child for Orthodontic Services

[\$500-\$2,000]

[\$500-\$2,000]

Waiting Period for Orthodontic Services

[6-24 months]

[6-24 months]

Prior Insurance Credit

[Yes] [No]

[Yes] [No]

PERCENTAGE OF COVERED DENTAL EXPENSES PAYABLE: Covered charges in excess of the Annual Deductible Amount Payment or Orthodontia Lifetime Maximum Payment (if applicable) at the Coinsurance Rates shown below:

[PPO]

[Non-PPO]

Class I Preventive Services

[70%-100%]

[70%-100%]

Class II Basic Services

[60%-100%]

[60%-100%]

Class III Major Services

[40%-100%]

[40%-100%]

Class IV Orthodontic Services

[40%-100%]

[40%-100%]

Waiting Period(s) shown above may be reduced or eliminated if both: (1) Takeover Benefits are provided; and (2) the Insured Person is eligible for Takeover Benefits. A person is not eligible for Takeover Benefits if the person: (1) is a Late Entrant; (2) becomes insured under the Policy after the Participating Employer's Effective Date; or (3) was not insured under the Participating Employer's prior plan that was replaced by coverage under the Policy. See the Takeover Benefits provision in the Dental Expense Benefits section for a complete explanation.

Payments are made by Companion Life, whether PPO or Non-PPO, apply to both the PPO and Non-PPO maximums at the same time. Covered charges, whether PPO or Non-PPO, apply to both the PPO and Non-PPO deductibles at the same time. Covered charges, whether PPO or Non-PPO, are based on Allowable Charges as defined in the Definitions Section. PPO providers must limit charges to the Allowable level, but Non-PPO providers may balance bill the insured person charges in excess of the Allowable level.]

There is a 12-month waiting period for Class III and Class IV Procedures (if applicable) unless the Insured Person is eligible for Takeover Benefits.

CONTRIBUTIONS: Insured Employees are required to contribute towards the cost of the employees' insurance.]

(Rev. 03/12)

ELIGIBILITY

Personal Insurance

Each full-time, active employee working at least [30] hours per week for an Employer, including full-time, active owners and partners, is an Employee of the Eligible Class for Personal Insurance.

If a husband and wife are Employees, and if either of them insure their dependent children, then either the husband or wife, whomever so elects, will be considered a dependent of the other. As a dependent, the person will not be an Employee eligible for insurance as an employee, but will be eligible for insurance as a dependent.

Dependent Insurance

Each full-time active employee working at least [30] hours per week for an Employer, including full-time, active owners and partners, who has eligible dependents is an Employee of the Eligible Class for Dependent Insurance.

Either spouse who elects to be a dependent rather than an Employee of the Eligible Class for Personal Insurance, as explained above, is not an Employee of the Eligible Class for Dependent Insurance.

WAITING PERIOD

Employees who become employed by an Employer will qualify for Insurance after completing a waiting period of one, two or three calendar months of continuous active service. The length of the waiting period is selected by each Employer and must be the same for each employee.

PARTICIPATION

For Insurance on the Employees of an Employer to be placed in force and to remain in force, a minimum number of [10] Employees must be participating at all times.

Personal Insurance

For Insurance on the Employees of an Employer to be placed in force and to remain in force, a certain percentage of Employees in each Group must be insured at all times.

Percentage of Employees Eligible for Personal Insurance:

	<u>Percentage</u>
[Employers with ten or more eligible employees	75%]

Dependent Insurance

Percentage of Employees Eligible for Dependent Insurance:

	<u>Percentage</u>
[Employer with ten or more eligible employees	75%]

CONTRIBUTIONS

Personal Insurance

An Insured may or may not be required to contribute to the payment of his or her Insurance premiums. Each Employer will make this decision. This decision must be applied equally to all Insureds.

Dependent Insurance

An Insured may or may not be required to contribute to the payment of Insurance premiums for his or her dependents. Each Employer will make this decision. This decision must be applied equally to all Insureds.

CONTINUATION OF COVERAGE

An Insured or dependent whose insurance has stopped may be able to continue some or all of the insurance coverages. The sections following explain when and how insurance can be continued. If insurance is continued, it must be according to a plan which does not allow individual selection.

Federally Required Continuation

Through the Consolidated Omnibus Budget Reconciliation Act (COBRA) the Federal government requires the Employer to provide continuation of coverages to Insureds and/or dependents who would otherwise lose their coverage. There are some groups which are not subject to the law. They are:

1. Groups of less than 20 employees.
2. Certain church plans

For details, the Insured and/or dependent(s) must contact the person who handles the Employer's insurance matters.

Death or Divorce

For Dependents Only

This continuation applies to all Employers.

1. The Insured's spouse may continue coverage if it would stop because:

- a. the Insured dies; or
- b. the marriage is dissolved;

provided:

- i. the spouse elects to do so;
- ii. election is made within 30 days of written notice from us; and
- iii. premium is paid within 30 days of receiving written notice.

The spouse's continued insurance may include any dependent children whose insurance ends at the same time.

2. Benefits

This continuation applies to Dental Expense Benefits.

3. Termination

Such insurance will stop on the earliest of:

- a. the last day of the period for which the premium is paid;
- b. the date of coverage would normally stop under the terms of the Policy, except coverage must not be changed or stopped during the first 120 days of continuation unless coverage is changed or stopped for all employees covered under the Policy;
- c. the date the spouse becomes insured under another group health plan;

- d. the date the spouse remarries;
- e. the date coverage has been continued for two years, for spouses under age 55 when continuation started;
- f. the date the spouse or any dependent child is eligible for coverage under Medicare, Title XVIII of the Federal Social Security Act;
- g. the date the Policy terminates.

4. Replacement of Policy

A new insurance carrier replacing coverage under which a continued person is covered must take over and continue such person's coverage.

5. How to Apply

- a. Within 30 days after divorce or death, the spouse must notify both the employer and us if he or she wishes to continue.
- b. Within 15 days of receipt of the notice in a. the employer will:
 - i. notify us by providing the spouse's name and address; and
 - ii. send a copy of this notice to the spouse.
- c. Within 30 days of receipt of notice, we must send the spouse by certified mail, return receipt requested, notice of the continuation option including:
 - i. an election form;
 - ii. the premium due;
 - iii. when and how payments must be made; and
 - iv. instructions on returning the election form.
- d. Within 30 days of receipt of the notice in c. above, if the spouse wants to elect continuation, the election form and the first monthly premium must be returned to us by certified mail, return receipt requested.

6. Failure to Notify

If we fail to send the election forms, then the spouse will receive free coverage until the notice is sent, unless the Policy is terminated.

PREMIUMS

METHOD OF PREMIUM PAYMENT. Premiums are payable monthly unless we agree with the Policyholder on some other way of payment. The method of payment may be changed from time to time.

PREMIUM DUE DATE. The Premium Due Date will be the day of the month which conforms numerically with the Anniversary Date or the last day of a month in which there is no day which so conforms. We may, however, agree with the Policyholder that some day other than the day which conforms numerically with the Anniversary Date be considered the Due Date. If we agree with the Policyholder to the payment of premiums on a basis other than monthly, the Premium Due Date will be fixed to match the correct basis. If there is a change in the method of payment or Premium Due Date, a pro rata charge in the premium due will be made.

PAYMENT OF PREMIUMS. The first premium will be due on the Effective Date to cover the period from that date to the first Premium Due Date. Other premiums will be due on or before each Premium Due Date. Premiums are payable at our Home Office or at some other location to which we and the Policyholder agree.

PREMIUM STATEMENTS. A Premium Statement will be made as of the Premium Due Date showing the premium payable. If premiums are payable on other than a monthly basis, each statement will show any pro rata premium charges and credits in the last premium due to changes in the number of Insureds and in the amount of insurance for which people are insured. This is subject to the rules below.

SIMPLIFIED ACCOUNTING. The premium will start on the Premium Due Date falling on or after the date the insurance or the increase in the insurance is effective for: a) a person becoming insured; or b) an increase in the amount of insurance on any person, other than because of a change in the Schedule of Benefits. The premium will stop on the Premium Due Date falling on or after the date of termination of insurance. The premium will be decreased on the Premium Due Date falling on or after the date of decrease in the amount of insurance if the decrease is not because of a change in the Schedule of Benefits. There will be no pro rata charges or credits for a partial month. If premiums are payable other than monthly, charges and credits will be figured as though the Premium Due Date is monthly.

We will be liable for the return of unearned premiums to the Policyholder only for the 12 months before the date we receive evidence that a return is due.

CALCULATION OF PREMIUMS. The premium due as of any Premium Due Date is the number in force on such date for each class of insurance multiplied by the rate for that class of insurance.

ADJUSTMENTS IN PREMIUM RATES. We may change rates by giving the Policyholder at least 31 days advance written notice. We may change the rates at any time the Schedule of Benefits, or any other terms and conditions of the Policy are changed. No change will be made in the first 12 months after the Effective Date unless there is a change in the Schedule of Benefits or a change in any other terms and conditions of the Policy.

DEFINITIONS

Company is Companion Life Insurance Company. The words "we", "us" and "our" refer to Company. Our Home Office address is [7909 Parklane Road, Suite 200, Columbia, South Carolina 29223-5666.]

ACTIVE SERVICE means the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full-time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

[ALLOWABLE charge for a service covered under the Policy means the determination of payable benefits according to a fee schedule: (1) that is approved by Companion Life; and (2) that providers have agreed to accept as the maximum fee for the covered service. The insured is responsible for paying only the deductible and the coinsurance amounts, the difference between the coinsurance percentages and 100% of the covered charges, and amounts in excess of applicable maximum benefits, for a covered service if the service is rendered by a PPO provider. If the covered service is rendered by a Non-PPO provider, the insured is also responsible for paying any portion of the provider's charge that is in excess of the amount shown in the standard fee schedule for the PPO.]

CLEAN CLAIM means all information necessary to properly adjudicate specified service and date for defined eligible individual.

CONFINED in an institution means registered as a bed patient, unless stated otherwise.

CONTRACT YEAR means the period from the Effective Day of any year to the Effective Day of the following year.

DENTIST means a person who is licensed to practice dentistry or oral surgery and who is practicing within the scope of his or her license.

DENTURIST means a person who is licensed to make, fit and repair dentures and who is practicing within the scope of his or her license.

DENTAL HYGIENIST means a person who is licensed to practice dental hygiene and who is practicing within the scope of his or her license.

DENTAL PRACTITIONER means a dentist, dental hygienist or a denturist.

DEPENDENT means:

- a. an Insured's spouse.
- b. an Insured's child up to 26 years of age who is not eligible for coverage as an Insured under the Policy or any other group policy.
- c. each Insured's child age 26 who:
 - i. becomes Totally Disabled while insured under the policy;
 - ii. is incapable of self-sustaining employment because of mental retardation or physical handicap; and
 - iii. is primarily dependent on the Insured for support and maintenance.

Coverage for such child under c. above will not cease at 26 years of age if proof of dependency and disability is given within 31 days after the Company asks for it.

DEPENDENT INSURANCE means insurance which provides benefits payable as a result of the treatment of a dependent of an Insured.

EFFECTIVE DATE means the date coverage under this policy becomes effective. The Effective Date for the Policyholder is shown on the policy cover. The Effective Date for an Insured is shown on the individual certificate or is in the Policyholder's records.

All insurance will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Insured.

FAMILY means an Insured and all of his or her legal dependents.

INSURED means a person:

- a. who is an Employee of the Eligible Class for Personal Insurance; and
- b. who has qualified for insurance by completing the waiting period, if any; and
- c. for whom the insurance has become effective.

For the purpose of Dental Expense Benefits and Orthodontic Expense Benefits, if included, Insured also means any eligible dependent which the Insured has elected to enroll under this Policy.

LATE ENTRANT means any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person qualifies for insurance, or
- b. who has elected to become insured again after cancelling a premium contribution agreement.

[NON-PPO PROVIDERS are providers who are not PPO providers at the time the services are rendered. **NON-PPO SERVICES** and **NON-PPO CHARGES** are services and charges made by Non-PPO providers. **NON-PPO DEDUCTIBLES, NON-PPO COINSURANCE** and **NON-PPO MAXIMUMS** are deductibles, coinsurance amounts, and maximums with respect to Non-PPO services and Non-PPO charges.]

PERSONAL INSURANCE means insurance which provides benefits payable as a result of the treatment, disability, or death of an Insured.

PHYSICIAN means any person who is licensed by the law of the state in which treatment, within the scope of his or her license, is given for the sickness or injury causing the expenses or loss for which claim is made.

POLICYHOLDER means the Policyholder stated on the face page of the policy.

[PPO (Preferred Provider Organization) is an organization that has a written agreement in effect with Companion Life, where the agreement calls for PPO Providers to provide services covered under this policy to insureds at costs not exceeding the amounts shown in the agreement's fee schedule in effect at the time the services are rendered. PPO Providers are providers who have written agreements with, and are members in good standing of, such an organization at the time services are rendered. **PPO SERVICES** and **PPO CHARGES** are services rendered and charges made, by PPO providers. **PPO DEDUCTIBLES, PPO COINSURANCE, and PPO MAXIMUMS** are deductibles, coinsurance amounts, and maximums with respect to PPO services and PPO charges.]

REPLACEMENT occurs when an employer's coverage under a prior group dental insurance policy terminates within 15 days of commencement of coverage under this policy.

TOTAL DISABILITY means the complete inability of:

- a. an Insured to perform the duties of any job for which he or she is reasonably fitted by education, training or experience. An Insured will not be Totally Disabled if he or she engages in any job for wage or profit.
- b. a dependent to perform the normal activities of a person of like age and sex.

CONDITIONS FOR PERSONAL INSURANCE

ELIGIBILITY

ELIGIBLE CLASS FOR PERSONAL INSURANCE

[The Employees of the Eligible Class for Personal Insurance are shown on the Schedule of Benefits.

Each Employee of the Eligible Class for Personal Insurance (referred to here as "Employee") will qualify for such insurance on the day he or she completes the required waiting period, if any.]

WAITING PERIOD

The Waiting Period is shown on the Schedule of Benefits.

An Insured whose eligibility terminates and is established again within 12 months will not have to complete a new waiting period before he or she can qualify for Insurance.

PARTICIPATION REQUIREMENTS

In order for the Policy to be placed in force, and to remain in force, certain participation requirements must be met. These requirements are shown on the Schedule of Benefits.

CONTRIBUTION REQUIREMENTS

The contribution requirements are shown on the Schedule of Benefits.

EFFECTIVE DATE

Each Employee wanting to be insured must sign an enrollment card. We must approve the form to be used for the card. The Effective Date will be the first of the month on or next following:

1. the date on which he or she qualifies for Insurance, if we receive the signed enrollment card on or before that date.
2. the date we receive the signed enrollment card, if that date is after the date he or she qualifies for Insurance. If the Insured's Effective Date is more than 31 days after the first date he or she could have been effective, the Insured is a Late Entrant and subject to the Limitation concerning Late Entrants.

BENEFIT CLASSIFICATION CHANGE

If an Insured's status changes so that he or she becomes an Employee of a different Eligible Class, as shown in the Schedule of Benefits, any change in amounts of insurance because of the new class will take effect on the Effective Day of the month on or next following the change.

EXCEPTIONS

An Employee must be in active service on the date the insurance, or any increase in insurance, is to take effect. If not, the insurance will not take effect until the day he or she returns to active service. For this paragraph, an Employee will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

TERMINATION DATE

The insurance on any Insured will automatically terminate on the end of the month falling on or next following the earliest of:

1. the date the Insured ceased to be an Employee;

2. the last day of the period for which the Insured has contributed, if required, to the payment of Insurance premiums;
3. the date coverage for the Insured's Employer is terminated;
4. 90 days after the number of Insureds falls below any participation requirements shown in the Schedule of Benefits; or
5. the date this policy is terminated.

CONTINUATION OF COVERAGE

If an Insured's coverage ceases according to TERMINATION DATE, the insurance coverage may be continued. See the Schedule of Benefits.

CONDITIONS FOR DEPENDENT INSURANCE

ELIGIBILITY

ELIGIBLE CLASS FOR DEPENDENT INSURANCE

[The employees of the Eligible Class for dependent insurance are shown on the Schedule of Benefits.

Each employee of the Eligible Class for Dependent Insurance (referred to here as "Employee") is eligible for the Dependent Insurance (referred to here as "Insurance") under this policy and will qualify for this insurance on the latest of:

1. the day he or she qualifies for Personal Insurance;
2. the day he or she first becomes an Employee; or
3. the day he or she first has a dependent.

An employee must be insured for Personal Insurance to insure his or her dependents.]

PARTICIPATION REQUIREMENTS

In order for this policy to remain in force for dependents, certain participation requirements must be met. These requirements are shown on the Schedule of Benefits.

CONTRIBUTION REQUIREMENTS

The contribution requirements are shown on the Schedule of Benefits.

EFFECTIVE DATE

Each Insured wishing to insure his or her dependents must sign an enrollment card. We must approve the form to be used for the card. The Effective Date for dependents will be the first of the month on or next following:

1. the date on which the Insured qualifies for Dependent Insurance, if we receive the signed enrollment card on or before that date.
2. the date we receive the signed enrollment card, if that date is after the date the Insured qualifies for Dependent Insurance. If we receive the enrollment card more than 31 days after the first date the Insured could have been effective for Dependent Insurance, each dependent is a Late Entrant and subject to the Limitation concerning Late Entrants.

TERMINATION DATE

The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the earliest of:

1. the date on which the Insured's Personal Insurance terminates.
2. the date on which the Insured ceases to be an Employee.
3. the last day of the period for which the Insured has contributed, if required, to the payment of Insurance premiums.
4. the date all Dependent Insurance under this policy is terminated.
5. the date all Dependent Insurance is canceled for a specific Employer Unit.
6. the date this policy is terminated.

The insurance for any dependent will automatically terminate on the end of the month falling on or next following the date the dependent does not meet the definition of a dependent. See "Definitions."

CONTINUATION OF COVERAGE

If a dependent's coverage ceases according to TERMINATION DATE, the insurance coverage may be continued. See the Schedule of Benefits.

PERSONAL AND DEPENDENT DENTAL CARE INSURANCE DENTAL EXPENSE BENEFITS

If an Insured under this section incurs Covered Expenses, we will pay benefits as stated below. The benefits will be determined as follows:

- a. the Covered Expenses reported are separated into the correct Class of procedure;
- b. then, the Deductible Amount is applied, if any;
- c. the remaining amount for each Class is then multiplied by the Coinsurance Percentage for each Class shown in the Schedule of Benefits.

DEDUCTIBLE AMOUNT. The Deductible Amount shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid for only those Covered Expenses which are more than the Deductible amount.

MAXIMUM AMOUNT. The Maximum Benefit per Contract Year shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured each Contract year.

PREDETERMINATION OF BENEFITS. If the cost of dental treatment for a family member is to exceed [\$300], a treatment plan must be sent to us before treatment begins. We review the plan and determine the expenses that are covered. We then return the plan to the dental practitioner, showing the amount we expect to pay. We pay only for the procedures that are actually rendered while the family member is insured for this benefit.

No treatment plan is needed for emergency care of an accidental injury or for expenses of [\$300] or less.

COVERED EXPENSES. Covered Expenses means the Allowable charge determined by us incurred by an Insured for the [Class I - Preventive, Class II - Basic, and Class III - Major Procedures] shown on the List of Dental Procedures. But such expenses will be Covered Expenses only to the extent that they are incurred for procedures done by a dentist, dental hygienist, or denturist. These expenses are subject to the "Limitations" below.

ALTERNATIVE PROCEDURES. If two or more procedures are adequate and appropriate treatment to correct a certain condition, the amount of the Covered Expense will be the charge for the least expensive procedure.

We may ask that pre-operative dental x-rays be given to us to decide if we are liable for the procedures submitted for consideration. If the x-rays are not given to us, we will have to decide the procedures which would provide professionally adequate restoration, replacement or treatment. If we then receive the pre-operative dental x-rays and decide that different procedures are more appropriate, we will make adjustments that we deem are proper.

[START DATE FOR PROCEDURES. For a denture, partial denture, or other appliance or a change to any appliance (other than a fixed bridge), the procedure starts at the time the impression is made. For a fixed bridge or a crown, inlay, onlay, or other precious or semiprecious metal restoration, the procedure starts at the time the tooth or teeth are prepared. For root canal therapy, the procedure starts at the time the pulp chamber is opened. For any other procedure requiring more than one session to complete, the procedure starts at the time of the first session. For any procedure requiring only one session to complete, the procedure starts at the time the service is rendered or the supply is furnished.]

[INCURRED DATE FOR EXPENSES. For a denture, partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration (whether the item is new, replacement, repaired, or modified), the expense is incurred at the time of final placement of the item. For root canal therapy, the expense is incurred at the time the root canal is completed. For any other procedure requiring more than one session to complete, the expense is incurred at the time the last session is completed. For any procedure requiring only one session to complete, the expense is incurred at the time the service is rendered or the supply is furnished.]

LIMITATIONS.

[I. Covered Expenses will not include and no benefits will be payable:

1. [for Class III Procedures in the first 12 months that the insured is covered under this plan except:
 - a. when this plan replaces the insured's coverage under the employer's prior;
 - b. the prior plan contained similar benefits for Class III Procedures as this plan;
 - c. the prior plan had been in effect for at least 18 months; and
 - d. takeover benefits have been approved by Companion Life.]
2. in the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings and fluoride application.
3. for any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the Insured was covered under this section.
7. for any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the temporomandibular joint.

10. for any procedure which is not shown on the List of Dental Procedures.
11. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
12. for the completion of claim forms.
13. for orthodontia service, Class IV, when this optional coverage is not elected and the premium is not paid.

In any event, orthodontia covered charges will not include charges:

- a. incurred by employee or spouse; or
 - b. incurred by dependent children age 19 or over on the date orthodontia services began; or
 - c. for any services payable under any other provisions of the policy; or
 - d. for any services in the first 24 months the insured person is covered under the policy.
14. for sealants which are:
 - a. not applied to a permanent molar.
 - b. applied after attaining age 17.
 - c. reapplied to a molar within 3-years from the date of a previous sealant application.
 15. subgingival curettage or root planing (procedure codes 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
 16. because of an injury arising out of, or in the course of, work for wage or profit.
 17. by an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
 18. for charges for which the Insured is not liable or which would not have been made had no insurance been in force.
 19. for services which are not recommended by a dentist or which are not required for necessary care and treatment.
 20. because of war or any act of war, declared or not.
 21. to an Insured if payment is not legal where the Insured is living when expenses are incurred.
 22. Any services related to: equilibration; bite registration or bite analysis.
 23. Crowns for the purpose of periodontal splinting.
 24. Charges for: any implants; precision or semi-precision attachments, and any endodontic treatment associated with it; other customized attachments.]

[II. Payment For Services Shall Be Limited As Follows:

1. If:
 - (1) this plan replaces the insured's coverage under the employer's prior plan;
 - (2) the prior plan contained similar benefits as this plan; and
 - (3) this results in continuous coverage, then, we limit what we pay to the lesser of:
 - (a) what the prior plan would have paid; or
 - (b) what this plan would usually pay. We will deduct any benefits actually paid by the prior plan under any extension provision.]

PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF COVERED DENTAL EXPENSE PROCEDURES

The following is a complete list of the dental procedures for which benefits are payable under this section. No benefits are payable for a procedure that is not listed.

PROC.
NO. DESCRIPTION OF SERVICE

CLASS I PROCEDURES - PREVENTIVE

*****ORAL EVALUATION (EXAMINATION) AND PROPHYLAXIS (CLEANING).** Oral evaluation is limited to once in any 6 month period. Prophylaxis is limited to once in any 6 month period. Fluoride application is limited to once in any 12 month period.

- 0120 Periodic oral evaluation.
- 0140 Limited oral evaluation, problem focused.
- 0150 Comprehensive oral evaluation.
- 0160 Detailed and extensive oral evaluation, problem focused, by report.
- 1110 Prophylaxis for individuals age 12 and over, treatment to include scaling and polishing.
- 1120 Prophylaxis for children under age 12.
- 1201 Topical application of fluoride with prophylaxis (only for children under age 19).
- 1203 Topical application of fluoride without prophylaxis (only for children under age 19).
- 1351 Sealant, per tooth (once in any 36 month period, only for permanent molars, only for children at least 6, but less than 16, years of age).

*****X-RAYS.**

- 0210 *Intraoral, complete series (including any bitewings).
- 0220 Intraoral, periapical, first film.
- 0230 Intraoral, periapical, each additional film (benefit for a single series of 0220 and 0230 films, including any bitewings, not to exceed benefit for a single 0210 series).
- 0240 Intraoral, occlusal film.
- 0250 Extraoral, first film.
- 0260 Extraoral, each additional film.
- 0270 **Bitewings, single film.
- 0272 **Bitewings, two films.
- 0274 **Bitewings, four films.
- 0290 Posterior/anterior/lateral skull and facial bone survey.
- 0330 *Panoramic film.

*Only one of the two procedures 0210 and 0330 will be allowed in any 36 month period.

**Only one series of bitewings will be allowed in any 6 month period.

*****OTHER DIAGNOSTIC PROCEDURES.**

- 0460 Pulp vitality tests.
- 0470 Diagnostic casts.
- 0471 Diagnostic photographs.

***X-rays, oral evaluations, and other diagnostic procedures are not covered if preliminary to, or otherwise associated with, orthodontic therapy unless the Participating Employer elects the optional orthodontic coverage and pays the required premium.

SPACE MAINTAINERS. Fee includes all adjustments within six months after installation. Allowable only for the purpose of maintaining spaces created by extractions of primary teeth or unerupted teeth.

- 1510 Fixed space maintainer, unilateral.
- 1515 Fixed space maintainer, bilateral.
- 1520 Removal space maintainer, unilateral.
- 1525 Removable space maintainer, bilateral.
- 1550 Recementation of space maintainer.

CLASS II PROCEDURES - BASIC

BASIC RESTORATIONS (FILLINGS), excluding inlays, onlays, crowns and bridges.

Amalgam Restorations.

- 2110 One surface, primary.
- 2120 Two surfaces, primary.
- 2130 Three surfaces, primary.
- 2131 Four or more surfaces, primary.
- 2140 One surface, permanent.
- 2150 Two surfaces, permanent.
- 2160 Three surfaces, permanent.
- 2161 Four or more surfaces, permanent.

Silicate Cement Restorations.

- 2210 Per restoration.

Resin Restorations. Benefit for resin restoration of a posterior tooth not to exceed benefit for amalgam restoration of the same tooth involving the same number of surfaces.

- 2330 One surface, anterior.
- 2331 Two surfaces, anterior.
- 2332 Three surfaces, anterior.
- 2335 Four or more surfaces or involving incisal angle, anterior.
- 2336 Composite resin crown, anterior primary tooth.
- 2380 One surface, posterior primary.
- 2381 Two surfaces, posterior primary.
- 2382 Three or more surfaces, posterior primary.
- 2385 One surface, posterior permanent.
- 2386 Two surfaces, posterior permanent.
- 2387 Three or more surfaces, posterior permanent.

RECEMENTATION.

- 2910 Inlay.
- 2920 Crown.
- 6930 Bridge.

BASIC ENDODONTICS, including necessary X-rays and cultures but excluding final restoration.

Endodontic Therapy, limited to use on primary teeth only.

- 3110 Direct pulp cap.
- 3120 Indirect pulp cap.
- 3220 Therapeutic pulpotomy.
- 3230 Resorbable-filling pulpal therapy, anterior.
- 3240 Resorbable-filling pulpal therapy, posterior.

Root Canals, limited to use on permanent teeth only.

- 3310 Anterior (one canal).
- 3320 Bicuspid (two canals).
- 3330 Molar (three canals).
- 3346 Retreatment of previous root canal therapy, anterior.
- 3347 Retreatment of previous root canal therapy, bicuspid.
- 3348 Retreatment of previous root canal therapy, molar.

DENTURE REPAIRS.

Repair of Complete Dentures.

- 5510 Repair broken base.
- 5520 Replace missing or broken teeth, each tooth.

Repair of, or Additions to, Partial Dentures.

- 5610 Repair resin base.
- 5620 Repair cast framework.
- 5630 Repair or replace broken clasp.
- 5640 Replace broken teeth, per tooth.
- 5650 Add tooth to existing partial.
- 5660 Add clasp to existing partial.

****ORAL SURGERY**, including any local anesthesia and routine post-operative visits.

Simple Extractions.

- 7110 Single tooth.
- 7120 Each additional tooth.
- 7130 Root removal, exposed roots.

Surgical Extractions.

- 7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.

Impacted Teeth.

- 7220 Removal of impacted tooth, soft tissue.
- 7230 Removal of impacted tooth, partially bony.
- 7240 Removal of impacted tooth, completely bony.
- 7241 Removal of impacted tooth, completely bony, with unusual surgical complications.

Removal of Cysts and Neoplasms.

- 7285 Biopsy of oral tissue, hard.
- 7286 Biopsy of oral tissue, soft.
- 7410 Radical excision of lesion, up to 1.25 cm.
- 7420 Radical excision of lesion, over 1.25 cm.
- 7430 Excision of benign tumor, up to 1.25 cm.
- 7431 Excision of benign tumor, over 1.25 cm.
- 7440 Excision of malignant tumor, up to 1.25 cm.
- 7441 Excision of malignant tumor, over 1.25 cm.
- 7450 Removal of odontogenic cyst or tumor, up to 1.25 cm.
- 7451 Removal of odontogenic cyst or tumor, over 1.25 cm.
- 7460 Removal of nonodontogenic cyst or tumor, up to 1.25 cm.
- 7461 Removal of nonodontogenic cyst or tumor, over 1.25 cm.
- 7465 Destruction of lesion(s) by physical or chemical method, by report.
- 7510 Incision and drainage of abscess, intraoral soft tissue.
- 7520 Incision and drainage of abscess, extraoral soft tissue.

Other Oral Surgical Procedures.

- 7250 Surgical removal of residual tooth roots (cutting procedure).
- 7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus.
- 7272 Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization).
- 7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments).
- 7281 Surgical exposure of impacted or unerupted tooth to aid eruption.
- 7290 Surgical repositioning of teeth.
- 7291 Transseptal fibrotomy, by report.
- 7960 Frenulectomy (frenectomy or frenotomy) as a separate procedure.

****ANESTHESIA**, when administered by the dentist in the dentist's office (not covered unless a cutting procedure is being performed at that time).

- 9220 General anesthesia.
- 9240 Intravenous sedation.

****Oral surgery and anesthesia are not covered if preliminary to, or otherwise associated with, orthodontic therapy unless the Participating Employer elects the optional orthodontic coverage and pays the required premium.**

TREATMENT OF PAIN

- 2940 Sedative filling.
- 9110 Emergency palliative treatment of dental pain, minor procedures

CLASS III PROCEDURES - MAJOR

MAJOR RESTORATIONS (FOIL, INLAYS, ONLAYS, CROWNS), covered only when needed due to decay or traumatic injury.

Foil, Inlays and Onlays.

- 2410 Gold foil, one surface.
- 2420 Gold foil, two surfaces.
- 2430 Gold foil, three or more surfaces.
- 2510 Inlay, metallic, one surface.
- 2520 Inlay, metallic, two surfaces.
- 2530 Inlay, metallic, three or more surfaces.
- 2543 Onlay, metallic, three surfaces.
- 2544 Onlay, metallic, four or more surfaces.
- 2610 Inlay, porcelain/ceramic, one surface.
- 2620 Inlay, porcelain/ceramic, two surfaces.
- 2630 Inlay, porcelain/ceramic, three or more surfaces.
- 2642 Onlay, porcelain/ceramic, two surfaces.
- 2643 Onlay, porcelain/ceramic, three surfaces.
- 2644 Onlay, porcelain/ceramic, four or more surfaces.
- 2650 Inlay, composite/resin, one surface (laboratory processed).
- 2651 Inlay, composite/resin, two surfaces (laboratory processed).
- 2652 Inlay, composite/resin, three or more surfaces (laboratory processed).
- 2662 Onlay, composite/resin, two surfaces (laboratory processed).
- 2663 Onlay, composite/resin, three surfaces (laboratory processed).
- 2664 Onlay, composite/resin, four or more surfaces (laboratory processed).

Crowns and Related Procedures.

- 2710 Resin.
- 2720 Resin with high noble metal.
- 2721 Resin with predominantly base metal.
- 2722 Resin with noble metal.

- 2740 Porcelain/ceramic substrate.
- 2750 Porcelain fused to high noble metal.
- 2751 Porcelain fused to predominantly base metal.
- 2752 Porcelain fused to noble metal.
- 2790 High noble metal, full cast.
- 2791 Predominantly base metal, full cast.
- 2792 Noble metal, full cast.
- 2810 Metallic, 3/4 cast.
- 2930 Prefabricated stainless steel, primary tooth.
- 2931 Prefabricated stainless steel, permanent tooth (available to children under age 19 only).
- 2932 Prefabricated resin crown (available to children under age 19 only).
- 2933 Prefabricated stainless steel crown with resin window (available to children under age 19 only).
- 2950 Core build-up, including any pins.
- 2951 Pin retention, per tooth, in addition to restoration.
- 2952 Cast post and core in addition to crown.
- 2954 Prefabricated post and core in addition to crown.
- 2955 Post removal, not in conjunction with endodontic therapy.

MAJOR ENDODONTICS. Endodontic surgical procedures include any local anesthesia and routine post-operative visits.

- 3351 Apexification/recalcification, initial visit.
- 3352 Apexification/recalcification, interim visit.
- 3353 Apexification/recalcification, final visit.
- 3410 Apicoectomy/periradicular surgery, anterior (single root).
- 3421 Apicoectomy/periadicular surgery, bicuspid, first root.
- 3425 Apicoectomy/periadicular surgery, molar, first root.
- 3426 Apicoectomy/periadicular surgery, bicuspid or molar, each additional root.
- 3430 Retrograde filling, per root.
- 3450 Root amputation, per root.
- 3460 Endodontic osseous implant.
- 3470 Intentional replantation, including necessary splinting.
- 3920 Hemisection, including any root removal but not including root canal therapy.

PERIODONTICS. Periodontic surgical procedures include any local anesthesia and routine post-operative visits.

- 4110 Periodontal examination.
- 4210 Gingivectomy or gingivoplasty, per quadrant.
- 4211 Gingivectomy or gingivoplasty, per tooth (fewer than 6 teeth).
- 4220 **Gingival curettage, surgical, per quadrant, by report.
- 4240 Gingival flap procedure, including root planing, per quadrant.
- 4249 Clinical crown lengthening, hard tissue.
- 4250 Mucogingival surgery, per quadrant.
- 4260 Osseous surgery, including flap entry and closure, per quadrant.
- 4263 Bone replacement graft, first site in quadrant.
- 4264 Bone replacement graft, each additional site in quadrant.
- 4266 Guided tissue regeneration, resorbable barrier, per site, per tooth.
- 4267 Guided tissue regeneration, nonresorbable barrier, per site, per tooth (includes membrane removal).
- 4270 Pedicle soft tissue graft procedure.
- 4271 Free soft tissue graft procedure, including donor site surgery
- 4273 Subepithelial connective tissue graft procedure, including donor site surgery.
- 4274 Distal or proximal wedge procedure when not performed in conjunction with surgical procedures in the same anatomical area.
- 4320 Provisional splinting, intracoronal.
- 4321 Provisional splinting, extracoronal.
- 4341 **Periodontal scaling and root planing, per quadrant.

- 4355 Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis.
- 4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.
- 4910 Periodontal maintenance procedures following active therapy.

**Payment for 4220 and 4341 requires presence of periodontal disease as confirmed by both x-rays and pocket depth summaries of each tooth involved.

REMOVABLE PROSTHODONTICS (PARTIAL AND COMPLETE DENTURES). Fees for both partial and complete dentures and relining include adjustments within 6 months after installation. Relines are not covered until more than 6 months after installation. Adjustments are not covered as separate procedures until more than 6 months after installation. Precision attachments, overdentures, specialized techniques, and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partials include conventional clasps, rests, and teeth.

- 5110 Complete upper denture.
- 5120 Complete lower denture.
- 5130 Immediate upper denture.
- 5140 Immediate lower denture.
- 5211 Upper partial, resin base.
- 5212 Lower partial, resin base.
- 5213 Upper partial, cast metal frame with resin base.
- 5214 Lower partial, cast metal frame with resin base.
- 5281 Removable unilateral partial, one piece cast metal.
- 5410 Adjust complete upper denture.
- 5411 Adjust complete lower denture.
- 5421 Adjust upper partial.
- 5422 Adjust lower partial.
- 5710 Rebase complete upper denture.
- 5711 Rebase complete lower denture.
- 5720 Rebase upper partial.
- 5721 Rebase lower partial.
- 5730 Office reline, complete upper denture.
- 5731 Office reline, complete lower denture.
- 5740 Office reline, upper partial.
- 5741 Office reline, lower partial.
- 5750 Lab reline, complete upper denture.
- 5751 Lab reline, complete lower denture.
- 5760 Lab reline, upper partial.
- 5761 Lab reline, lower partial.
- 5860 **Complete overdenture, by report.
- 5861 **Partial overdenture, by report.

**Benefit for overdenture not to exceed benefit for corresponding denture (complete or partial, upper or lower).

FIXED PROSTHODONTICS (BRIDGES).

Pontics.

- 6210 Cast high noble metal.
- 6211 Cast predominantly base metal.
- 6212 Cast noble metal.
- 6240 Porcelain fused to high noble metal.
- 6241 Porcelain fused to predominantly base metal.
- 6242 Porcelain fused to noble metal.
- 6250 Resin with high noble metal.
- 6251 Resin with predominantly base metal.
- 6252 Resin with noble metal.

Retainers.

- 6520 Inlay, metallic, two surfaces.
- 6530 Inlay, metallic, three or more surfaces.
- 6543 Onlay, metallic, three surfaces.
- 6544 Onlay, metallic, four or more surfaces.
- 6545 Cast metal, for resin bonded fixed prosthesis (bridge to include maximum of one pontic and two metal retainers).
- 6720 Crown, resin with high noble metal.
- 6721 Crown, resin with predominantly base metal.
- 6722 Crown, resin with noble metal.
- 6750 Crown, porcelain fused to high noble metal.
- 6751 Crown, porcelain fused to predominantly base metal.
- 6752 Crown, porcelain fused to noble metal.
- 6780 Crown, 3/4 cast high noble metal.
- 6790 Crown, full cast high noble metal.
- 6791 Crown, full cast predominantly base metal.
- 6792 Crown, full cast noble metal.
- 6940 Stress breaker.
- 6970 Cast post and core in addition to bridge retainer.
- 6971 Cast post as part of bridge retainer.
- 6972 Prefabricated post and core in addition to bridge retainer.
- 6973 Core build-up for retainer, including any pins.
- 6975 Metal coping.

OTHER MAJOR SERVICES.**Repairs, Crowns and Bridges.**

- 2980 Crown repair, by report.
- 6980 Bridge repair, by report.

Alveolar or Gingival Reconstruction, including any local anesthesia and routine post-operative visits.

- 7310 Alveoplasty in conjunction with extractions, per quadrant.
- 7320 Alveoplasty not in conjunction with extractions, per quadrant.
- 7340 Vestibuloplasty, ridge extension (secondary epithelialization).
- 7350 Vestibuloplasty, ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hyperplastic tissue).
- 7970 Excision of hyperplastic tissue, per arch.
- 7971 Excision of pericoronal gingiva.

CLASS IV PROCEDURES - ORTHODONTICS

Class IV procedures are not covered unless the Participating Employer elects the optional orthodontic coverage (as shown in the Schedule of Benefits) and pays the required premium. In any event, orthodontic coverage is not available for employees or spouses, or for dependent children age 19 or older.

- 8030 or 8040 Limited orthodontic treatment of the permanent dentition.
- 8080 or 8090 Comprehensive orthodontic treatment of the permanent dentition.
- 8420 Orthodontic monthly adjustment.
- 8660 Pre-orthodontic treatment visit.
- 8670 Periodic orthodontic treatment (as part of contract).
- 8690 Orthodontic treatment (alternative billing to a contract fee).]

NON-COVERED PROCEDURES

No benefits are payable for procedures that are not listed in one of the above classes of procedures. Following are examples of some of the procedures not listed in one of the above classes, and for which no benefits are payable:

PROC.

NO. *DESCRIPTION OF SERVICE*

0310 Saliography.
0320 Temporomandibular joint (TMJ) arthrogram, including injection.
0321 X-rays, other temporomandibular joint (TMJ) films, by report.
0322 X-rays, tomographic survey.
0340 X-rays, cephalometric film.
0415 Sterilization or infection control, or bacteriologic studies for determination of pathologic agents.
0425 Caries susceptibility test.
0501 Histopathologic examination.
0502 Other oral pathology procedures, by report.
1204 --- 1205 Topical application of fluoride for individuals age 19 and over
1310 Nutritional counseling for the control or prevention of dental disease.
1320 Tobacco counseling for the control or prevention of oral disease.
1330 Oral hygiene instruction.
2960 --- 2962 Labial veneers.
2970 Temporary crown (for fractured tooth).
3910 Surgical procedure for isolation of tooth with rubber dam.
3950 Canal preparation and fitting of preformed dowel or post.
3960 Bleaching of discolored tooth.
4920 Unscheduled dressing change by someone other than treating dentist.
5810 --- 5821 Interim dentures.
5850 --- 5851 Tissue conditioning.
5862 Precision attachment, by report.
5911 --- 5999 Various prostheses and related procedures.
6010 --- 6199 Various implants and related procedures.
6920 Connector bar.
6950 Precision attachment.
7470 Removal of exostosis, maxilla or mandible.
7480 Partial ostectomy (guttering or saucerization).
7490 Radical resection of mandible with bone graft.
7530 Removal of foreign body, skin, or subcutaneous tissue.
7540 Removal of reaction-producing foreign bodies from musculoskeletal system.
7550 Sequestrectomy for osteomyelitis.
7560 Maxillary sinusotomy for removal of tooth fragment or foreign body.
7610 --- 7780 Various procedures for reduction of fractures.
7810 --- 7899 Various procedures related to the temporomandibular joint.
7910 --- 7912 Suture of wounds.
7920 Skin grafts.
7940 --- 7950 Various osteoplastic, osteotomic, and grafting procedures for repair of defects.
7955 Repair of maxillofacial soft and hard tissue defect.
7980 --- 7983 Various procedures related to the salivary gland.
7990 Emergency tracheotomy.
7991 Coronoidectomy.
7995 Synthetic graft, mandible or facial bones, by report.
7996 Mandible implant for augmentation purposes (excluding alveolar ridge), by report.

8010 --- 8020, 8050 --- 8070 Orthodontic treatment of the primary or transitional dentition.
 8210 --- 8220 Appliance therapy to control harmful habits.
 8680 Orthodontic retention (removal of appliances, construction and placement of retainers).
 9210 Local anesthesia not in conjunction with operative or surgical procedures.
 9211 Regional block anesthesia.
 9212 Trigeminal block anesthesia.
 9215 Local anesthesia.
 9221 General anesthesia, each additional 15 minutes.
 9230 Analgesia.
 9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).
 9410 House call.
 9420 Hospital call.
 9430 Office visit for observation during regularly scheduled office hours with no other services performed.
 9440 Office visit after regularly scheduled office hours.
 9610 Therapeutic drug injection, by report.
 9630 Other drugs and/or medicaments, by report.
 9910 Application of desensitizing medicament.
 9920 Behavior management, by report.
 9930 Treatment of postsurgical complications, unusual circumstances, by report.
 9940 Occlusal guard, by report.
 9941 Fabrication of athletic mouthguard.
 9950 Occlusion analysis, mounted case.
 9951 --- 9952 Occlusal adjustment.
 9970 Enamel microabrasion.]

COORDINATION OF BENEFITS

If an Insured is also covered under one or more other Plans, the benefits payable under this Plan will be coordinated with the benefits payable under those Plans.

BENEFITS SUBJECT TO COORDINATION. All benefits covered under two or more Plans will be coordinated except;

1. Life Insurance; and
2. Accidental Death, Dismemberment and Loss of Sight Insurance; and
3. Short-Term Disability Benefits.

EFFECT ON BENEFITS. When coordination applies, we adjust the benefits payable for any Claim Determination Period (period) as follows. The benefits that would be payable for Allowable Expenses incurred in that period under this Plan without coordination are reduced so that the sum of those reduced benefits and the benefits payable for those Allowable Expenses under all other Plans, whether or not claim is made, will not exceed the Allowable Expenses.

If, when we coordinate the benefits of this Plan with those of another Plan, (1) the rules set forth below would require this Plan to set its benefits before the other Plan; and (2) the other Plan coordinates benefits and would set its benefits after the benefits of this Plan have been set; then the benefits of that other Plan will be ignored when setting the benefits of this Plan.

ORDER OF BENEFIT DETERMINATION. The rules used to determine which of the Plans will pay benefits first are:

1. The benefits of a Plan with no coordination will set its benefits before a Plan with coordination.
2. The benefits of a Plan which covers the person other than as a dependent will be set before the benefits of a Plan which covers that person as a dependent.
3. If the claim is made for a dependent child whose parents are not separated or divorced, the benefits of a Plan that covers a child as a dependent of a person whose month and day of birth occurs earlier in a calendar year will be set before the benefits of a Plan that covers that child as a dependent of a person whose month and day of birth occurs later in a calendar year.

If the month and day of birth of both parents is the same, then the Plan which has covered the parent for the longer period of time will pay its benefits first.

If the other plan has a rule based on gender of the parent and, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

4. If the claim is made for a dependent child whose parents are separated or divorced, benefits for the child are determined in this order.
 - a. first, the Plan of the parent with custody of the child;
 - b. then, the Plan of the spouse of the parent with custody of the child; and
 - c. finally, the Plan of the parent not having custody of the child.

But, if there is a court decree which sets financial responsibility for the medical, dental or other health care expenses for the child, the benefits of a Plan which covers the child as a dependent of the parent who is responsible shall be set before the benefits of any other Plan which covers the child as a dependent child.

5. The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) will be set before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and, as a result, the Plans do not agree on the order of the benefits, then this rule is ignored.
6. When the rules above do not apply, the benefits of a Plan which has covered the person for the longer period of time will set before the benefits of a Plan which has covered the person the shorter period of time.

When the benefits of this Plan are reduced, each benefit is reduced, in proportion. It is then charged against any applicable benefit limit of this Plan.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION. We may give or get from any other organization or person any information necessary to decide whether coordination applies. This may be done without the consent of the Insured. Any person claiming benefits under this Plan will be required to give us any information necessary to coordinate benefits.

FACILITY OF PAYMENT. When other Plans make payments which should have been made under this Plan according to the above terms, we will, at our discretion, pay to any organizations making these payments any amounts that we decide will satisfy the intent of the above terms. Amounts paid in this way will be benefits paid under this Plan. We will not be liable to the extent of these payments.

RIGHT OF RECOVERY. When we make payments for Allowable Expenses in excess of the amount that will satisfy the intent of the above terms, we will recover these payments, to the extent of the excess, from any persons or organizations to or for whom payments were made.

DEFINITIONS. The following apply only to this provision of the policy:

1. "Plan" means any of these types of coverage providing medical or dental benefits or services:
 - a. group insurance or group type coverage; whether insured or uninsured. This includes:
 - i. Blue Cross and Blue Shield
 - ii. blanket (other than school accident-type coverage)
 - iii. Health Maintenance Organizations (HMO's)
 - iv. other prepayment, group practice and individual practice plans.
 - b. any coverage under a governmental plan or required or provided by law, except Medicaid.

Each type of coverage in a. or b. above is a separate Plan. If an arrangement has two or more parts and this coordination applies to only one part, each of the parts is a separate plan.

2. "Allowable Expense" means any necessary, reasonable and customary expense at least a part of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered will be both an Allowable Expense and a benefit paid.

3. "Claim Determination Period" means a contract year or that part of a contract year during which the person for whom claim is made has been covered under this Plan.

GENERAL PROVISIONS

Dental Insurance

NOTICE OF CLAIM. Written notice of claim must be given to us within 20 days after the accident causing the injury or, in the case of sickness, within 20 days after the event on which claim is based.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it will not be reasonably possible to give written notice within the 20 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

PROOF OF LOSS. Written proof of loss must be given to us within 90 days after the date of the loss for which claim is made. If it was not reasonably possible to give written proof within the 90 day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible.

PHYSICAL EXAMINATION. We can examine any per-operative dental x-rays while a dental claim is pending to determine the proper procedures to be considered.

TIME OF PAYMENT. Any benefit payable under this Policy will be paid not more than 60 days after the Company or its administrator receives proper written proof of such loss. If we fail to pay benefits within that applicable period and after receiving necessary proof, the Insured is entitled to interest at the rate as required by state law per year from the 90th day after receipt of due proof to the date of late payment.

PAYMENT OF BENEFITS. All benefits will be paid to the Insured or the Insured's Designee.

PAYMENT OF CLAIMS. If an Insured dies while dental insurance benefits, if any, are unpaid, we may, at our option, pay the person or institution on whose charges claim is based, any member of the Insured's immediate family or the Insured's estate.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PHYSICIAN-PATIENT RELATIONSHIP. The Insured will have free choice of any physician practicing legally. We will in no way disturb the physician-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than three years after proof of loss is required.

INCONTESTABILITY. We cannot contest the validity of the policy after two years from the date of issue except for non-payment of premiums. We cannot contest an Insured's insurability after his or her insurance has been in force for one year while the Insured is alive. Any of the insured's statements that we contest must be in written application signed by the Insured.

WORKER'S COMPENSATION. This policy does not satisfy any requirements for coverage of worker's compensation insurance.

CONFORMITY WITH LAW. Any policy provision which conflicts with the laws of the state in which the policy is issued, when the policy is issued, is automatically changed to meet the minimum requirements of those laws.

ENTIRE CONTRACT. CHANGES. This policy, the attached application of the Policyholder and the applications, if any, of the Insureds are the entire contract. All statements made by the Policyholder or an Insured will, in the absence of fraud, be considered representations and not warranties. No statement made to obtain insurance will be used to void the insurance or reduce the benefits of this policy unless it is in a written application signed by the Policyholder or Insured. A copy of this must have been given to the Policyholder, Insured or Beneficiary, if any.

No change in this policy will be valid unless approved by one of our officers. No agent may change this policy or waive any of its provisions. Any change in this policy will be valid even though an Insured may not have agreed to it.

INSURANCE DATA. The Policyholder will furnish, at our request, data necessary to administer this policy. The data will include, but not be limited to data:

- i. necessary to calculate premiums.
- ii. necessary to determine a person's effective date or termination date of insurance;
- iii. necessary to determine the proper amounts of insurance, or changes in amounts of insurance.

We shall have the right to inspect any of the Policyholder's records which we find necessary to properly administer this policy. Any inspections will be at a time and place convenient to the Policyholder.

We will not refuse to insure a person who is eligible to be insured just because the Policyholder fails or errs in giving us the data necessary to include that person for coverage. Neither will we refuse to change or maintain an amount of insurance for which a person is eligible just because the Policyholder fails or errs in giving the data necessary to change the amount of insurance. But an Insured's insurance will not stay in force nor an amount of insurance be continued after the termination date, according to the Provisions for Personal Insurance, or Dependent Insurance or as shown in the Schedule of Benefits because the Policyholder fails or errs in giving us the necessary data concerning an Insured's termination.

CERTIFICATES. We will issue to the Policyholder, for delivery to each Insured, an individual certificate which will summarize the main features of the insurance which the Insured will receive. This summary will include the terms, if any, limiting coverage or reducing benefits on account of age. It will state to whom the benefits of this policy are payable. Nothing in the certificate will change any of the terms of this policy.

TERMINATION OF THE POLICY. The Policyholder may terminate this policy as of any Premium Due Date giving us written notice before that date.

We may terminate this policy as of any Premium Due Date if the participation of Insureds does not meet the requirements in "Conditions For Personal Insurance". Dependent Insurance, if in this policy, may be terminated if dependent participation does not meet the requirements in "Conditions For Dependent Insurance". Companion Life can terminate this Policy on any Premium Due Date after it has been in force for 12 months by giving the Policyholder 31 days written notice before the date of termination.

If any premium is not paid when due, this policy will automatically be terminated as of the Premium Due Date, except as stated below (GRACE PERIOD).

GRACE PERIOD. This policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force. If the Policyholder has not sent us a written request to terminate the policy and a premium is not paid by the end of the grace period, the policy will terminate at the end of the grace period. If the Policyholder gives us written notice of termination before the premium due date, the policy will be terminated as of the date requested. The Policyholder will be liable for any unpaid premium for the time this policy was in force, *including the grace period*.

CONSIDERATION. This policy is issued to the Policyholder in consideration of the application and the payment of premiums specified in this policy.

TERMS AND CONDITIONS. Payment of any benefit under this policy is subject to the definitions and all other terms of this policy pertinent to the benefit.



Companion Life

COMPANION LIFE INSURANCE COMPANY

7909 Parklane Road, Suite 200, Columbia, South Carolina 29223-566675

P.O. Box 100102, Columbia, South Carolina 29202-3102

(803) 735-1251

(the "Company")

Policy No.: [123456378]

Effective Date: [January 1, XXXX]

Policyholder: [ABC Corporation]

Date of Policy Issue: [January 1, XXXX]

Policy delivered in [Michigan] and subject to the laws of that jurisdiction.

Policy Renewal Dates: Policy Anniversary date and the same date of each year thereafter.

In consideration of the Application made by the Policyholder, and receipt of any and all Premiums when due, Companion Life Insurance Company agrees to provide the coverage described herein subject to all provisions of this Policy and any amendments added to this Policy.

The first premium is due on the date of issue of this Policy. This Policy shall renew each Policy Renewal Date unless Terminated in accordance with the Policy Termination provision. The Entire Contract provision of this policy determines all rights and Benefits of persons who are insured hereunder.

This page and the pages which follow are all part of this Policy and is fully recited over the signature shown below.

"READ YOUR CERTIFICATE CAREFULLY!"

Trescott N. Hinton, Jr.
President

**GROUP DENTAL INSURANCE CERTIFICATE
RENEWAL AT OPTION OF THE COMPANY**

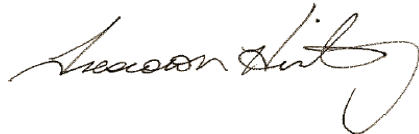
The Insurance Company certifies that the person named above is insured for the benefits described on the following pages, according to all the terms of the group policy numbered above which has been issued to the Policyholder.

The group policy may be amended or cancelled without the consent of the Insured Person.

This certificate replaces all certificates previously issued to the Insured Person under said policy.

The group policy and this certificate are governed by the laws of the state in which the Group policy was delivered.

ANY DENTAL CARE INSURANCE BENEFITS PAYABLE UNDER THE POLICY DESCRIBED HEREIN MAY BE COMBINED WITH THE BENEFITS PAYABLE UNDER OTHER PLANS OR PROGRAMS SO THAT THE TOTAL REIMBURSEMENT FOR ALLOWABLE EXPENSES DOES NOT EXCEED THE ACTUAL EXPENSES INCURRED.

A handwritten signature in black ink, appearing to read "Trescott N. Hinton, Jr.", with a stylized flourish at the end.

Trescott N. Hinton, Jr.
President

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SCHEDULE OF BENEFITS

[Group Name:

Group Policy No.:

Class of Employees Eligible for Insurance

[All Employees]

Persons Covered

[Employees and Dependents]

Employment Waiting Period

Employee Eligible on the [1st] [15th] of the Month Following Employer's [30] [60] Days Waiting Period

Predetermination of Benefits Amount
Applicable to All Classes of Service

[PPO]

[Non-PPO]

[\$200-\$500]

[\$200-\$500]

Maximum Contract Year Payment Applicable to Each
Insured for Covered Services Other Than Orthodontia

[\$500-\$2,000]

[\$500-\$2,000]

Lifetime Deductible Amount Applicable to Each Insured
Person for Covered Services Other Than Orthodontia

[\$50-\$200]

[\$50-\$200]

Deductible Waived for Class I Services

[Yes] [No]

[Yes] [No]

Orthodontic Services

[Yes] [No]

[Yes] [No]

Lifetime Deductible Amount Applicable to Each
Dependent Child for Orthodontic Services

[\$0-\$100]

[\$0-\$100]

Lifetime Maximum Applicable to Each Dependent
Child for Orthodontic Services

[\$500-\$2,000]

[\$500-\$2,000]

Waiting Period for Orthodontic Services

[6-24 months]

[6-24 months]

Prior Insurance Credit

[Yes] [No]

[Yes] [No]

PERCENTAGE OF COVERED DENTAL EXPENSES PAYABLE: Covered charges in excess of the Annual Deductible Amount Payment or Orthodontia Lifetime Maximum Payment (if applicable) at the Coinsurance Rates shown below:

		[PPO]	[Non-PPO]
Class I	Preventive Services	[70%-100%]	[70%-100%]
Class II	Basic Services	[60%-100%]	[60%-100%]
Class III	Major Services	[40%-100%]	[40%-100%]
Class IV	Orthodontic Services	[40%-100%]	[40%-100%]

Waiting Period(s) shown above may be reduced or eliminated if both: (1) Takeover Benefits are provided; and (2) the Insured Person is eligible for Takeover Benefits. A person is not eligible for Takeover Benefits if the person: (1) is a Late Entrant; (2) becomes insured under the Policy after the Participating Employer's Effective Date; or (3) was not insured under the Participating Employer's prior plan that was replaced by coverage under the Policy. See the Takeover Benefits provision in the Dental Expense Benefits section for a complete explanation.

Payments are made by Companion Life, whether PPO or Non-PPO, apply to both the PPO and Non-PPO maximums at the same time. Covered charges, whether PPO or Non-PPO, apply to both the PPO and Non-PPO deductibles at the same time. Covered charges, whether PPO or Non-PPO, are based on Allowable Charges as defined in the Definitions Section. PPO providers must limit charges to the Allowable level, but Non-PPO providers may balance bill the insured person charges in excess of the Allowable level.]

There is a 12-month waiting period for Class III and Class IV Procedures (if applicable) unless the Insured Person is eligible for Takeover Benefits.

CONTRIBUTIONS: Insured Employees are required to contribute towards the cost of the employees' insurance.]

ELIGIBILITY

Personal Insurance

Each full-time, active employee working at least [30] hours per week for an Employer, including full-time, active owners and partners, is an Employee of the Eligible Class for Personal Insurance.

If a husband and wife are both Employees, and if either of them insure their dependent children, then either the husband or wife, whomever so elects, will be considered a dependent of the other. As a dependent, the person will not be an Employee eligible for insurance as an employee, but will be eligible for insurance as a dependent.

Dependent Insurance

Each full-time active employee working at least [30] hours per week for an Employer, including full-time, active owners and partners, who has eligible dependents is an Employee of the Eligible Class for Dependent Insurance.

Either spouse who elects to be a dependent rather than an Employee of the Eligible Class for Personal Insurance, as explained above, is not an Employee of the Eligible Class for Dependent Insurance.

WAITING PERIOD

Employees who become employed by an Employer will qualify for Insurance after completing a waiting period of one, two or three calendar months of continuous active service. The length of the waiting period is selected by each Employer and must be the same for each employee.

PARTICIPATION

For Insurance on the Employees of an Employer to be placed in force and to remain in force, a minimum number of [10] Employees must be participating at all time.

Personal Insurance

For Insurance on the Employees of an Employer to be placed in force and to remain in force, a certain percentage of Employees in each Group must be insured at all times.

Percentage of Employees Eligible for Personal Insurance:	<u>Percentage</u>
[Employers with ten or more eligible employees	75%]

Dependent Insurance

Percentage of Employees Eligible for Dependent Insurance:	<u>Percentage</u>
[Employer with ten or more eligible employees	75%]

CONTRIBUTIONS

Personal Insurance

An Insured may or may not be required to contribute to the payment of his or her Insurance premiums. Each Employer will make this decision. This decision must be applied equally to all Insureds.

Dependent Insurance

An Insured may or may not be required to contribute to the payment of Insurance premiums for his or her dependents. Each Employer will make this decision. This decision must be applied equally to all Insureds.

CONTINUATION OF COVERAGE

An Insured or dependent whose insurance has stopped may be able to continue some or all of the insurance coverages. The sections following explain when and how insurance can be continued. If insurance is continued, it must be according to a plan which does not allow individual selection.

Federally Required Continuation

Through the Consolidated Omnibus Budget Reconciliation Act (COBRA) the Federal government requires the Employer to provide continuation of coverages to Insureds and/or dependents who would otherwise lose their coverage. There are some groups which are not subject to the law. They are:

1. Groups of less than 20 employees.
2. Certain church plans.

For details, the Insured and/or dependent(s) must contact the person who handles the Employer's insurance matters.

Death or Divorce

For Dependents Only

This continuation applies to all Employers.

1. The Insured's spouse may continue coverage if it would stop because:

- a. the Insured dies; or
- b. the marriage is dissolved;

provided:

- i. the spouse elects to do so;
- ii. election is made within 30 days of written notice from us; and
- iii. premium is paid within 30 days of receiving written notice.

The spouse's continued insurance may include any dependent children whose insurance ends at the same time.

2. Benefits

This continuation applies to Dental Expense Benefits.

3. Termination

Such insurance will stop on the earliest of:

- a. the last day of the period for which the premium is paid;
- b. the date of coverage would normally stop under the terms of the Policy, except coverage must not be changed or stopped during the first 120 days of continuation unless coverage is changed or stopped for all employees covered under the Policy;
- c. the date the spouse becomes insured under another group health plan;
- d. the date the spouse remarries;

- e. the date coverage has been continued for two years, for spouses under age 55 when continuation started;
- f. the date the spouse or any dependent child is eligible for coverage under Medicare, Title XVIII of the Federal Social Security Act;
- g. the date the Policy terminates.

4. Replacement of Policy

A new insurance carrier replacing coverage under which a continued person is covered must take over and continue such person's coverage.

5. How to Apply

- a. Within 30 days after divorce or death, the spouse must notify both the employer and us if he or she wishes to continue.
- b. Within 15 days of receipt of the notice in a. the employer will:
 - i. notify us by providing the spouse's name and address; and
 - ii. send a copy of this notice to the spouse.
- c. Within 30 days of receipt of notice, we must send the spouse by certified mail, return receipt requested, notice of the continuation option including:
 - i. an election form;
 - ii. the premium due;
 - iii. when and how payments must be made; and
 - iv. instructions on returning the election form.
- d. Within 30 days of receipt of the notice in c. above, if the spouse wants to elect continuation, the election form and the first monthly premium must be returned to us by certified mail, return receipt requested.

6. Failure to Notify

If we fail to send the election forms, then the spouse will receive free coverage until the notice is sent, unless the Policy is terminated.

DEFINITIONS

Company is Companion Life Insurance Company. The words "we", "us" and "our" refer to Company. Our Home Office address is [7909 Parklane Road, Suite 200, Columbia, SC 29223.]

ACTIVE SERVICE means the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full-time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

[ALLOWABLE charge for a service covered under the Policy means the determination of payable benefits according to a fee schedule: (1) that is approved by Companion Life; and (2) that providers have agreed to accept as the maximum fee for the covered service. The insured is responsible for paying only the deductible and the coinsurance amounts, the difference between the coinsurance percentages and 100% of the covered charges, and amounts in excess of applicable maximum benefits, for a covered service if the service is rendered by a PPO provider. If the covered service is rendered by a Non-PPO provider, the insured is also responsible for paying any portion of the provider's charge that is in excess of the amount shown in the standard fee schedule for the PPO.]

CLEAN CLAIM means all information necessary to properly adjudicate specified service and date for defined eligible individual.

CONFINED in an institution means registered as a bed patient, unless stated otherwise.

CONTRACT YEAR means the period from the Effective Day of any year to the Effective Day of the following year.

DENTIST means a person who is licensed to practice dentistry or oral surgery and who is practicing within the scope of his or her license.

DENTURIST means a person who is licensed to make, fit and repair dentures and who is practicing within the scope of his or her license.

DENTAL HYGIENIST means a person who is licensed to practice dental hygiene and who is practicing within the scope of his or her license.

DENTAL PRACTITIONER means a dentist, dental hygienist or a denturist.

DEPENDENT means:

- a. an Insured's spouse.
- b. an Insured's child up to 26 years of age who is not eligible for coverage as an Insured under the Policy or any other group policy.
- c. each Insured's child age 26 who:
 - i. becomes Totally Disabled while insured under the policy;
 - ii. is incapable of self-sustaining employment because of mental retardation or physical handicap; and
 - iii. is primarily dependent on the Insured for support and maintenance.

Coverage for such child under c. above will not cease at 26 years of age if proof of dependency and disability is given within 31 days after the Company asks for it.

DEPENDENT INSURANCE means insurance which provides benefits payable as a result of the treatment of a dependent of an Insured.

EFFECTIVE DATE means the date coverage under this policy becomes effective. The Effective Date for the Policyholder is shown on the policy cover. The Effective Date for an Insured is shown on the individual certificate or is in the Policyholder's records.

All insurance will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Insured.

FAMILY means an Insured and all of his or her legal dependents.

INSURED means a person:

- a. who is an Employee of the Eligible Class for Personal Insurance; and
- b. who has qualified for insurance by completing the waiting period, if any; and
- c. for whom the insurance has become effective.

For the purpose of Dental Expense Benefits and Orthodontic Expense Benefits, if included, Insured also means any eligible dependent which the Insured has elected to enroll under this Policy.

LATE ENTRANT means any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person qualifies for insurance, or
- b. who has elected to become insured again after canceling a premium contribution agreement.

[NON-PPO PROVIDERS are providers who are not PPO providers at the time the services are rendered. **NON-PPO SERVICES** and **NON-PPO CHARGES** are services and charges made by Non-PPO providers. **NON-PPO DEDUCTIBLES, NON-PPO COINSURANCE** and **NON-PPO MAXIMUMS** are deductibles, coinsurance amounts, and maximums with respect to Non-PPO services and Non-PPO charges.]

PERSONAL INSURANCE means insurance which provides benefits payable as a result of the treatment, disability, or death of an Insured.

PHYSICIAN means any person who is licensed by the law of the state in which treatment, within the scope of his or her license, is given for sickness or injury causing the expenses or loss for which claim is made.

POLICYHOLDER means the Policyholder stated on the face page of the policy.

[PPO (Preferred Provider Organization) is an organization that has a written agreement in effect with Companion Life, where the agreement calls for PPO Providers to provide services covered under this policy to insureds at costs not exceeding the amounts shown in the agreement's fee schedule in effect at the time the services are rendered. PPO Providers are providers who have written agreements with, and are members in good standing of, such an organization at the time services are rendered. **PPO SERVICES** and **PPO CHARGES** are services rendered and charges made, by PPO providers. **PPO DEDUCTIBLES, PPO COINSURANCE, and PPO MAXIMUMS** are deductibles, coinsurance amounts, and maximums with respect to PPO services and PPO charges.]

REPLACEMENT occurs when an employer's coverage under a prior group dental insurance policy terminates within 15 days of commencement of coverage under this policy.

TOTAL DISABILITY means the complete inability of:

- a. an Insured to perform the duties of any job for which he or she is reasonably fitted by education, training or experience. An Insured will not be Totally Disabled if he or she engages in any job for wage or profit.
- b. a dependent to perform the normal activities of a person of like age and sex.

CONDITIONS FOR PERSONAL INSURANCE

ELIGIBILITY

ELIGIBLE CLASS FOR PERSONAL INSURANCE

The Employees of the Eligible Class for Personal Insurance are shown on the Schedule of Benefits.

Each Employee of the Eligible Class for Personal Insurance (referred to here as "Employee") will qualify for such insurance on the day he or she completes the required waiting period, if any.

WAITING PERIOD

The Waiting Period is shown on the Schedule of Benefits.

An Insured whose eligibility terminates and is established again within 12 months will not have to complete a new waiting period before he or she can qualify for Insurance.

PARTICIPATION REQUIREMENTS

In order for the Policy to be placed in force, and to remain in force, certain participation requirements must be met. These requirements are shown on the Schedule of Benefits.

CONTRIBUTION REQUIREMENTS

The contribution requirements are shown on the Schedule of Benefits.

EFFECTIVE DATE

Each Employee wanting to be insured must sign an enrollment card. We must approve the form to be used for the card. The Effective Date will be the first of the month on or next following:

1. the date on which he or she qualifies for Insurance, if we receive the signed enrollment card on or before that date.
2. the date we receive the signed enrollment card, if that date is after the date he or she qualifies for Insurance. If the Insured's Effective Date is more than 31 days after the first date he or she could have been effective, the Insured is a Late Entrant and subject to the Limitation concerning Late Entrants.

BENEFIT CLASSIFICATION CHANGE

If an Insured's status changes so that he or she becomes an employee of a different Eligible Class, as shown in the Schedule of Benefits, any change in amounts of insurance because of the new class will take effect on the Effective Day of the month on or next following the change.

EXCEPTIONS

An Employee must be in active service on the date the insurance, or any increase in insurance, is to take effect. If not, the insurance will not take effect until the day he or she returns to active service. For this paragraph, an Employee will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

TERMINATION DATE

The insurance on any Insured will automatically terminate on the end of the month falling on or next following the earliest of:

1. the date the Insured ceased to be an Employee;
2. the last day of the period for which the Insured has contributed, if required, to the payment of Insurance premiums;
3. the date coverage for the Insured's Employer is terminated;
4. 90 days after the number of Insureds falls below any participation requirements shown in the Schedule of Benefits; or
5. the date this policy is terminated.

CONTINUATION OF COVERAGE

If an Insured's coverage ceases according to TERMINATION DATE, the insurance coverage may be continued. See the Schedule of Benefits.

CONDITIONS FOR DEPENDENT INSURANCE

ELIGIBILITY

ELIGIBLE CLASS FOR DEPENDENT INSURANCE

The employees of the Eligible Class for dependent insurance are shown on the Schedule of Benefits.

Each employee of the Eligible Class for Dependent Insurance (referred to here as "Employee") is eligible for the Dependent Insurance (referred to here as "Insurance") under this policy and will qualify for this insurance on the latest of:

1. the day he or she qualifies for Personal Insurance;
2. the day he or she first becomes an Employee; or
3. the day he or she first has a dependent.

An Employee must be insured for Personal Insurance to insure his or her dependents.

PARTICIPATION REQUIREMENTS

In order for this policy to remain in force for dependents, certain participation requirements must be met. These requirements are shown on the Schedule of Benefits.

CONTRIBUTION REQUIREMENTS

The contribution requirements are shown on the Schedule of Benefits.

EFFECTIVE DATE

Each Insured wishing to insure his or her dependents must sign an enrollment card. We must approve the form to be used for the card. The Effective Date for dependents will be the first of the month on or next following:

1. the date on which the Insured qualifies for Dependent Insurance, if we receive the signed enrollment card on or before that date.
2. the date we receive the signed enrollment card, if that date is after the date the Insured qualifies for Dependent

3. Insurance. If we receive the enrollment card more than 31 days after the first date the Insured could have been effective for Dependent Insurance, each dependent is a Late Entrant and subject to the Limitation concerning Late Entrants.

TERMINATION DATE

The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the earliest of:

1. the date on which the Insured's Personal Insurance terminates.
2. the date on which the Insured ceases to be an Employee.
3. the last day of the period for which the Insured has contributed, if required, to the payment of Insurance premiums.
4. the date all Dependent Insurance under this policy is terminated.
5. the date all Dependent Insurance is cancelled for a specific Employer.
6. the date this policy is terminated.

The insurance for any dependent will automatically terminate on the end of the month falling on or next following the date the dependent does not meet the definition of a dependent. See "Definitions."

CONTINUATION OF COVERAGE

If a dependent's coverage ceases according to TERMINATION DATE, the insurance coverage may be continued. See the Schedule of Benefits.

PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

DENTAL EXPENSE BENEFITS

If an Insured under this section incurs Covered Expenses, we will pay benefits as stated below.

The benefits will be determined as follows:

- a. the Covered Expenses reported are separated into the correct Class of procedure;
- b. then, the Deductible Amount is applied, if any;
- c. the remaining amount for each Class is then multiplied by the Coinsurance Percentage for each Class shown in the Schedule of Benefits.

DEDUCTIBLE AMOUNT. The Deductible Amount shown in the Schedule of Benefits is an amount of Covered Expenses for which no benefits are payable. It applies separately to the Covered Expenses incurred by each Insured. Benefits will be paid for only those Covered Expenses which are more than the Deductible amount.

MAXIMUM AMOUNT. The Maximum Benefit per Contract Year shown in the Schedule of Benefits is the maximum amount that may be paid for the Covered Expenses incurred by an Insured each Contract year.

PREDETERMINATION OF BENEFITS. If the cost of dental treatment for a family member is to exceed [\$300.00], a treatment plan must be sent to us before treatment begins. We review the plan and determine the expenses that are covered. We then return the plan to the dental practitioner, showing the amount we expect to pay. We pay only for the procedures that are actually rendered while the family member is insured for this benefit.

No treatment plan is needed for emergency care of an accidental injury or for expenses of [\$300.00] or less.

COVERED EXPENSES. Covered Expenses means the Allowable charges as determined by us incurred by an Insured for the [Class I - Preventive, Class II – Basic, and Class III - Major Procedures] shown on the List of Dental Procedures. But such expenses will be Covered Expenses only to the extent that they are incurred for procedures done by a dentist, dental hygienist, or denturist. These expenses are subject to the "Limitations" below.

ALTERNATIVE PROCEDURES. If two or more procedures are adequate and appropriate treatment to correct a certain condition, the amount of the Covered Expense will be the charge for the least expensive procedure.

We may ask that pre-operative dental x-rays be given to us to decide if we are liable for the procedures submitted for consideration. If the x-rays are not given to us, we will have to decide the procedures which would provide professionally adequate restoration, replacement or treatment. If we then receive the pre-operative dental x-rays and decide that different procedures are more appropriate we will make adjustments that we deem are proper.

[START DATE FOR PROCEDURES. For a denture, partial denture, or other appliance or a change to any appliance (other than a fixed bridge), the procedure starts at the time the impression is made. For a fixed bridge or crown, inlay, onlay, or other precious or semiprecious dental restoration, the procedure starts at the time the tooth or teeth is prepared. For root canal therapy, the procedure starts at the time the pulp chamber is opened. For any other procedure requiring more than one session to complete, the procedure starts at the time of the first session. For any procedure requiring only one session to complete, the procedure starts at the time the service is rendered or the supply is furnished.]

[INCURRED DATE FOR EXPENSES. For a denture, partial denture, fixed bridge or other appliance crown, inlay, onlay, or other precious or semiprecious dental restoration (whether the item is new, replacement, repaired or modified), the expense is incurred at the time of final placement of the item. For root canal therapy the expense is incurred at the time the root canal is completed. For any other procedure requiring more than one session to complete, the expense is incurred at the time the service is rendered or the supply is furnished.]

LIMITATIONS.

[I. Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. for Class III Procedures in the first 12 months that the insured is covered under this plan except
 - a. when this plan replaces the insured's coverage under the employer's prior plan;
 - b. the prior plan contained similar benefits for class III Procedures as this plan;
 - c. the prior plan had been in effect for at least 18 months; and
 - d. takeover benefits have been approved by Companion Life.]
2. in the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings and fluoride application.
3. for any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the Insured was covered under this section.

7. for any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the temporomandibular joint.
10. for any procedure which is not shown on the List of Dental Procedures.
11. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
12. for the completion of claim forms.
13. for orthodontia service, Class IV, when this optional coverage is not elected and the premium is not paid.

In any event, orthodontia covered charges will not include charges:

 - a. incurred by employee or spouse; or
 - b. incurred by dependent children age 19 or over on the date orthodontia services began; or
 - c. for any services payable under any other provisions of the policy; or
 - d. for any services in the first 24 months the insured person is covered under the policy.
14. for sealants which are:
 - a. not applied to a permanent molar.
 - b. applied after attaining age 17.
 - c. reapplied to a molar within 3-years from the date of a previous sealant application.
15. subgingival curettage or root planing (procedure codes 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
16. because of an injury arising out of, or in the course of, work for wage or profit.
17. by an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
18. for charges for which the Insured is not liable or which would not have been made had no insurance been in force.
19. for services which are not recommended by a dentist or which are not required for necessary care and treatment.
20. because of war or any act of war, declared or not.
21. to an Insured if payment is not legal where the Insured is living when expenses are incurred.
22. Any services related to: equilibration; bite registration or bite analysis.
23. Crowns for the purpose of periodontal splinting.

24. Charges for: any implants; precision or semi-precision attachments, and any endodontic treatment associated with it; other customized attachments.]

[II. Payment For Services During the First Twelve Months Shall Be Limited As Follows:

1. If:

- (1) this plan replaces the insured's coverage under the employers' prior plan and takeover benefits have been approved by Companion;
- (2) the prior plan contained similar benefits as this plan; and
- (3) this results in continuous coverage, then we limit what we pay to the lesser of:
 - (a) what the prior plan would have paid; or
 - (b) what this plan would usually pay. We will deduct any benefits actually paid by the prior plan under any extension provision.]

PERSONAL AND DEPENDENT DENTAL CARE INSURANCE

LIST OF DENTAL PROCEDURES

[The following is a complete list of the dental procedures for which benefits are payable under this section. No benefits are payable for a procedure that is not listed.

CLASS I PROCEDURES - PREVENTIVE

*****ORAL EVALUATION (EXAMINATION) AND PROPHYLAXIS (CLEANING).** Oral evaluation is limited to once in any 6 month period. Prophylaxis is limited to once in any 6 month period. Fluoride application is limited to once in any 12 month period.

- 0120 Periodic oral evaluation.
- 0140 Limited oral evaluation, problem focused.
- 0150 Comprehensive oral evaluation.
- 0160 Detailed and extensive oral evaluation, problem focused, by report.
- 1110 Prophylaxis for individuals age 12 and over, treatment to include scaling and polishing.
- 1120 Prophylaxis for children under age 12.
- 1201 Topical application of fluoride with prophylaxis (only for children under age 19).
- 1203 Topical application of fluoride without prophylaxis (only for children under age 19).
- 1351 Sealant, per tooth (once in any 36 month period, only for permanent molars, only for children at least 6, but less than 16, years of age).

*****X-RAYS.**

- 0210 *Intraoral, complete series (including any bitewings).
- 0220 Intraoral, periapical, first film.
- 0230 Intraoral, periapical, each additional film (benefit for a single series of 0220 and 0230 films, including any bitewings, not to exceed benefit for a single 0210 series).
- 0240 Intraoral, occlusal film.
- 0250 Extraoral, first film.
- 0260 Extraoral, each additional film.
- 0270 **Bitewings, single film.
- 0272 **Bitewings, two films.
- 0274 **Bitewings, four films.
- 0290 Posterior/anterior/lateral skull and facial bone survey.
- 0330 *Panoramic film.

*Only one of the two procedures 0210 and 0330 will be allowed in any 36 month period.

**Only one series of bitewings will be allowed in any 6 month period.

*****OTHER DIAGNOSTIC PROCEDURES.**

- 0460 Pulp vitality tests.
- 0470 Diagnostic casts.
- 0471 Diagnostic photographs.

***X-rays, oral evaluations, and other diagnostic procedures are not covered if preliminary to, or otherwise associated with, orthodontic therapy unless the Participating Employer elects the optional orthodontic coverage and pays the required premium.

SPACE MAINTAINERS. Fee includes all adjustments within six months after installation. Allowable only for the purpose of maintaining spaces created by extractions of primary teeth or unerupted teeth.

- 1510 Fixed space maintainer, unilateral.
- 1515 Fixed space maintainer, bilateral.
- 1520 Removal space maintainer, unilateral.
- 1525 Removable space maintainer, bilateral.
- 1550 Recementation of space maintainer.

CLASS II PROCEDURES - BASIC

BASIC RESTORATIONS (FILLINGS), excluding inlays, onlays, crowns and bridges.

Amalgam Restorations.

- 2110 One surface, primary.
- 2120 Two surfaces, primary.
- 2130 Three surfaces, primary.
- 2131 Four or more surfaces, primary.
- 2140 One surface, permanent.
- 2150 Two surfaces, permanent.
- 2160 Three surfaces, permanent.
- 2161 Four or more surfaces, permanent.

Silicate Cement Restorations.

- 2210 Per restoration.

Resin Restorations. Benefit for resin restoration of a posterior tooth not to exceed benefit for amalgam restoration of the same tooth involving the same number of surfaces.

- 2330 One surface, anterior.
- 2331 Two surfaces, anterior.
- 2332 Three surfaces, anterior.
- 2335 Four or more surfaces or involving incisal angle, anterior.
- 2336 Composite resin crown, anterior primary tooth.
- 2380 One surface, posterior primary.
- 2381 Two surfaces, posterior primary.
- 2382 Three or more surfaces, posterior primary.
- 2385 One surface, posterior permanent.
- 2386 Two surfaces, posterior permanent.
- 2387 Three or more surfaces, posterior permanent.

RECEMENTATION.

- 2910 Inlay.
- 2920 Crown.
- 6930 Bridge.

BASIC ENDODONTICS, including necessary X-rays and cultures but excluding final restoration.

Endodontic Therapy, limited to use on primary teeth only.

- 3110 Direct pulp cap.
- 3120 Indirect pulp cap.
- 3220 Therapeutic pulpotomy.
- 3230 Resorbable-filling pulpal therapy, anterior.
- 3240 Resorbable-filling pulpal therapy, posterior.

Root Canals, limited to use on permanent teeth only.

- 3310 Anterior (one canal).
- 3320 Bicuspid (two canals).
- 3330 Molar (three canals).
- 3346 Retreatment of previous root canal therapy, anterior.
- 3347 Retreatment of previous root canal therapy, bicuspid.
- 3348 Retreatment of previous root canal therapy, molar.

DENTURE REPAIRS.

Repair of Complete Dentures.

- 5510 Repair broken base.
- 5520 Replace missing or broken teeth, each tooth.

Repair of, or Additions to, Partial Dentures.

- 5610 Repair resin base.
- 5620 Repair cast framework.
- 5630 Repair or replace broken clasp.
- 5640 Replace broken teeth, per tooth.
- 5650 Add tooth to existing partial.
- 5660 Add clasp to existing partial.

****ORAL SURGERY**, including any local anesthesia and routine post-operative visits.

Simple Extractions.

- 7110 Single tooth.
- 7120 Each additional tooth.
- 7130 Root removal, exposed roots.

Surgical Extractions.

- 7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.

Impacted Teeth.

- 7220 Removal of impacted tooth, soft tissue.
- 7230 Removal of impacted tooth, partially bony.
- 7240 Removal of impacted tooth, completely bony.
- 7241 Removal of impacted tooth, completely bony, with unusual surgical complications.

Removal of Cysts and Neoplasms.

- 7285 Biopsy of oral tissue, hard.
- 7286 Biopsy of oral tissue, soft.
- 7410 Radical excision of lesion, up to 1.25 cm.
- 7420 Radical excision of lesion, over 1.25 cm.
- 7430 Excision of benign tumor, up to 1.25 cm.
- 7431 Excision of benign tumor, over 1.25 cm.
- 7440 Excision of malignant tumor, up to 1.25 cm.
- 7441 Excision of malignant tumor, over 1.25 cm.
- 7450 Removal of odontogenic cyst or tumor, up to 1.25 cm.
- 7451 Removal of odontogenic cyst or tumor, over 1.25 cm.
- 7460 Removal of nonodontogenic cyst or tumor, up to 1.25 cm.
- 7461 Removal of nonodontogenic cyst or tumor, over 1.25 cm.
- 7465 Destruction of lesion(s) by physical or chemical method, by report.
- 7510 Incision and drainage of abscess, intraoral soft tissue.
- 7520 Incision and drainage of abscess, extraoral soft tissue.

Other Oral Surgical Procedures.

- 7250 Surgical removal of residual tooth roots (cutting procedure).
- 7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus.
- 7272 Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization).
- 7280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments).
- 7281 Surgical exposure of impacted or unerupted tooth to aid eruption.
- 7290 Surgical repositioning of teeth.
- 7291 Transseptal fibrotomy, by report.
- 7960 Frenulectomy (frenectomy or frenotomy) as a separate procedure.

****ANESTHESIA**, when administered by the dentist in the dentist's office (not covered unless a cutting procedure is being performed at that time).

- 9220 General anesthesia.
- 9240 Intravenous sedation.

****Oral surgery and anesthesia are not covered if preliminary to, or otherwise associated with, orthodontic therapy unless the Participating Employer elects the optional orthodontic coverage and pays the required premium.**

TREATMENT OF PAIN

- 2940 Sedative filling.
- 9110 Emergency palliative treatment of dental pain, minor procedures.

CLASS III PROCEDURES - MAJOR

MAJOR RESTORATIONS (FOIL, INLAYS, ONLAYS, CROWNS), covered only when needed due to decay or traumatic injury.

Foil, Inlays and Onlays.

- 2410 Gold foil, one surface.
- 2420 Gold foil, two surfaces.
- 2430 Gold foil, three or more surfaces.
- 2510 Inlay, metallic, one surface.
- 2520 Inlay, metallic, two surfaces.
- 2530 Inlay, metallic, three or more surfaces.
- 2543 Onlay, metallic, three surfaces.
- 2544 Onlay, metallic, four or more surfaces.
- 2610 Inlay, porcelain/ceramic, one surface.
- 2620 Inlay, porcelain/ceramic, two surfaces.
- 2630 Inlay, porcelain/ceramic, three or more surfaces.
- 2642 Onlay, porcelain/ceramic, two surfaces.
- 2643 Onlay, porcelain/ceramic, three surfaces.
- 2644 Onlay, porcelain/ceramic, four or more surfaces.
- 2650 Inlay, composite/resin, one surface (laboratory processed).
- 2651 Inlay, composite/resin, two surfaces (laboratory processed).
- 2652 Inlay, composite/resin, three or more surfaces (laboratory processed).
- 2662 Onlay, composite/resin, two surfaces (laboratory processed).
- 2663 Onlay, composite/resin, three surfaces (laboratory processed).
- 2664 Onlay, composite/resin, four or more surfaces (laboratory processed).

Crowns and Related Procedures.

- 2710 Resin.
- 2720 Resin with high noble metal.
- 2721 Resin with predominantly base metal.
- 2722 Resin with noble metal.
- 2740 Porcelain/ceramic substrate.
- 2750 Porcelain fused to high noble metal.
- 2751 Porcelain fused to predominantly base metal.
- 2752 Porcelain fused to noble metal.
- 2790 High noble metal, full cast.
- 2791 Predominantly base metal, full cast.
- 2792 Noble metal, full cast.
- 2810 Metallic, 3/4 cast.
- 2930 Prefabricated stainless steel, primary tooth.
- 2931 Prefabricated stainless steel, permanent tooth (available to children under age 19 only).
- 2932 Prefabricated resin crown (available to children under age 19 only).
- 2933 Prefabricated stainless steel crown with resin window (available to children under age 19 only).
- 2950 Core build-up, including any pins.
- 2951 Pin retention, per tooth, in addition to restoration.
- 2952 Cast post and core in addition to crown.
- 2954 Prefabricated post and core in addition to crown.
- 2955 Post removal, not in conjunction with endodontic therapy.

MAJOR ENDODONTICS. Endodontic surgical procedures include any local anesthesia and routine post-operative visits.

- 3351 Apexification/recalcification, initial visit.
- 3352 Apexification/recalcification, interim visit.
- 3353 Apexification/recalcification, final visit.
- 3410 Apicoectomy/periradicular surgery, anterior (single root).
- 3421 Apicoectomy/periadicular surgery, bicuspid, first root.
- 3425 Apicoectomy/periadicular surgery, molar, first root.
- 3426 Apicoectomy/periadicular surgery, bicuspid or molar, each additional root.
- 3430 Retrograde filling, per root.
- 3450 Root amputation, per root.
- 3460 Endodontic osseous implant.
- 3470 Intentional replantation, including necessary splinting.
- 3920 Hemisection, including any root removal but not including root canal therapy.

PERIODONTICS. Periodontic surgical procedures include any local anesthesia and routine post-operative visits.

- 4110 Periodontal examination.
- 4210 Gingivectomy or gingivoplasty, per quadrant.
- 4211 Gingivectomy or gingivoplasty, per tooth (fewer than 6 teeth).
- 4220 **Gingival curettage, surgical, per quadrant, by report.
- 4240 Gingival flap procedure, including root planing, per quadrant.
- 4249 Clinical crown lengthening, hard tissue.
- 4250 Mucogingival surgery, per quadrant.
- 4260 Osseous surgery, including flap entry and closure, per quadrant.
- 4263 Bone replacement graft, first site in quadrant.
- 4264 Bone replacement graft, each additional site in quadrant.
- 4266 Guided tissue regeneration, resorbable barrier, per site, per tooth.
- 4267 Guided tissue regeneration, nonresorbable barrier, per site, per tooth (includes membrane removal).
- 4270 Pedicle soft tissue graft procedure.

- 4271 Free soft tissue graft procedure, including donor site surgery
- 4273 Subepithelial connective tissue graft procedure, including donor site surgery.
- 4274 Distal or proximal wedge procedure when not performed in conjunction with surgical procedures in the same anatomical area.
- 4320 Provisional splinting, intracoronal.
- 4321 Provisional splinting, extracoronal.
- 4341 **Periodontal scaling and root planing, per quadrant.
- 4355 Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis.
- 4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.
- 4910 Periodontal maintenance procedures following active therapy.

**Payment for 4220 and 4341 requires presence of periodontal disease as confirmed by both x-rays and pocket depth summaries of each tooth involved.

REMOVABLE PROSTHODONTICS (PARTIAL AND COMPLETE DENTURES). Fees for both partial and complete dentures and relining include adjustments within 6 months after installation. Relines are not covered until more than 6 months after installation. Adjustments are not covered as separate procedures until more than 6 months after installation. Precision attachments, overdentures, specialized techniques, and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partials include conventional clasps, rests, and teeth.

- 5110 Complete upper denture.
- 5120 Complete lower denture.
- 5130 Immediate upper denture.
- 5140 Immediate lower denture.
- 5211 Upper partial, resin base.
- 5212 Lower partial, resin base.
- 5213 Upper partial, cast metal frame with resin base.
- 5214 Lower partial, cast metal frame with resin base.
- 5281 Removable unilateral partial, one piece cast metal.
- 5410 Adjust complete upper denture.
- 5411 Adjust complete lower denture.
- 5421 Adjust upper partial.
- 5422 Adjust lower partial.
- 5710 Rebase complete upper denture.
- 5711 Rebase complete lower denture.
- 5720 Rebase upper partial.
- 5721 Rebase lower partial.
- 5730 Office reline, complete upper denture.
- 5731 Office reline, complete lower denture.
- 5740 Office reline, upper partial.
- 5741 Office reline, lower partial.
- 5750 Lab reline, complete upper denture.
- 5751 Lab reline, complete lower denture.
- 5760 Lab reline, upper partial.
- 5761 Lab reline, lower partial.
- 5860 **Complete overdenture, by report.
- 5861 **Partial overdenture, by report.

**Benefit for overdenture not to exceed benefit for corresponding denture (complete or partial, upper or lower).

FIXED PROSTHODONTICS (BRIDGES).**Pontics.**

- 6210 Cast high noble metal.
- 6211 Cast predominantly base metal.
- 6212 Cast noble metal.
- 6240 Porcelain fused to high noble metal.
- 6241 Porcelain fused to predominantly base metal.
- 6242 Porcelain fused to noble metal.
- 6250 Resin with high noble metal.
- 6251 Resin with predominantly base metal.
- 6252 Resin with noble metal.

FIXED PROSTHODONTICS (BRIDGES) (Continued)**Retainers.**

- 6520 Inlay, metallic, two surfaces.
- 6530 Inlay, metallic, three or more surfaces.
- 6543 Onlay, metallic, three surfaces.
- 6544 Onlay, metallic, four or more surfaces.
- 6545 Cast metal, for resin bonded fixed prosthesis (bridge to include maximum of one pontic and two metal retainers).
- 6720 Crown, resin with high noble metal.
- 6721 Crown, resin with predominantly base metal.
- 6722 Crown, resin with noble metal.
- 6750 Crown, porcelain fused to high noble metal.
- 6751 Crown, porcelain fused to predominantly base metal.
- 6752 Crown, porcelain fused to noble metal.
- 6780 Crown, 3/4 cast high noble metal.
- 6790 Crown, full cast high noble metal.
- 6791 Crown, full cast predominantly base metal.
- 6792 Crown, full cast noble metal.
- 6940 Stress breaker.
- 6970 Cast post and core in addition to bridge retainer.
- 6971 Cast post as part of bridge retainer.
- 6972 Prefabricated post and core in addition to bridge retainer.
- 6973 Core build-up for retainer, including any pins.
- 6975 Metal coping.

OTHER MAJOR SERVICES.**Repairs, Crowns and Bridges.**

- 2980 Crown repair, by report.
- 6980 Bridge repair, by report.

Alveolar or Gingival Reconstruction, including any local anesthesia and routine post-operative visits.

- 7310 Alveoplasty in conjunction with extractions, per quadrant.
- 7320 Alveoplasty not in conjunction with extractions, per quadrant.
- 7340 Vestibuloplasty, ridge extension (secondary epithelialization).
- 7350 Vestibuloplasty, ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hyperplastic tissue).
- 7970 Excision of hyperplastic tissue, per arch.
- 7971 Excision of pericoronal gingiva.

CLASS IV PROCEDURES – ORTHODONTICS

Class IV procedures are not covered unless the Participating Employer elects the optional orthodontic coverage (as shown in the Schedule of Benefits) and pays the required premium. In any event, orthodontic coverage is not available for employees or spouses, or for dependent children age 19 or older.

8030 or 8040	Limited orthodontic treatment of the permanent dentition.
8080 or 8090	Comprehensive orthodontic treatment of the permanent dentition.
8420	Orthodontic monthly adjustment.
8660	Pre-orthodontic treatment visit.
8670	Periodic orthodontic treatment (as part of contract).
8690	Orthodontic treatment (alternative billing to a contract fee).]

NON-COVERED PROCEDURES

No benefits are payable for procedures that are not listed in one of the above classes of procedures. Following are examples of some of the procedures not listed in one of the above classes, and for which no benefits are payable:

PROC.

NO. *DESCRIPTION OF SERVICE*

0310	Saliography.
0320	Temporomandibular joint (TMJ) arthrogram, including injection.
0321	X-rays, other temporomandibular joint (TMJ) films, by report.
0322	X-rays, tomographic survey.
0340	X-rays, cephalometric film.
0415	Sterilization or infection control, or bacteriologic studies for determination of pathologic agents.
0425	Caries susceptibility test.
0501	Histopathologic examination.
0502	Other oral pathology procedures, by report.
1204 --- 1205	Topical application of fluoride for individuals age 19 and over
1310	Nutritional counseling for the control or prevention of dental disease.
1320	Tobacco counseling for the control or prevention of oral disease.
1330	Oral hygiene instruction.
2960 --- 2962	Labial veneers.
2970	Temporary crown (for fractured tooth).
3910	Surgical procedure for isolation of tooth with rubber dam.
3950	Canal preparation and fitting of preformed dowel or post.
3960	Bleaching of discolored tooth.
4920	Unscheduled dressing change by someone other than treating dentist.
5810 --- 5821	Interim dentures.
5850 --- 5851	Tissue conditioning.
5862	Precision attachment, by report.
5911 --- 5999	Various prostheses and related procedures.
6010 --- 6199	Various implants and related procedures.
6920	Connector bar.
6950	Precision attachment.
7470	Removal of exostosis, maxilla or mandible.
7480	Partial ostectomy (guttering or saucerization).
7490	Radical resection of mandible with bone graft.
7530	Removal of foreign body, skin, or subcutaneous tissue.
7540	Removal of reaction-producing foreign bodies from musculoskeletal system.
7550	Sequestrectomy for osteomyelitis.
7560	Maxillary sinusotomy for removal of tooth fragment or foreign body.
7610 --- 7780	Various procedures for reduction of fractures.
7810 --- 7899	Various procedures related to the temporomandibular joint.
7910 --- 7912	Suture of wounds.
7920	Skin grafts.
7940 --- 7950	Various osteoplastic, osteotomic, and grafting procedures for repair of defects.
7955	Repair of maxillofacial soft and hard tissue defect.
7980 --- 7983	Various procedures related to the salivary gland.
7990	Emergency tracheotomy.
7991	Coronoidectomy.
7995	Synthetic graft, mandible or facial bones, by report.
7996	Mandible implant for augmentation purposes (excluding alveolar ridge), by report.
8010 --- 8020, 8050 --- 8070	Orthodontic treatment of the primary or transitional dentition.
8210 --- 8220	Appliance therapy to control harmful habits.

8680 Orthodontic retention (removal of appliances, construction and placement of retainers).
9210 Local anesthesia not in conjunction with operative or surgical procedures.
9211 Regional block anesthesia.
9212 Trigeminal block anesthesia.
9215 Local anesthesia.
9221 General anesthesia, each additional 15 minutes.
9230 Analgesia.
9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment).
9410 House call.
9420 Hospital call.
9430 Office visit for observation during regularly scheduled office hours with no other services performed.
9440 Office visit after regularly scheduled office hours.
9610 Therapeutic drug injection, by report.
9630 Other drugs and/or medicaments, by report.
9910 Application of desensitizing medicament.
9920 Behavior management, by report.
9930 Treatment of postsurgical complications, unusual circumstances, by report.
9940 Occlusal guard, by report.
9941 Fabrication of athletic mouthguard.
9950 Occlusion analysis, mounted case.
9951 --- 9952 Occlusal adjustment.
9970 Enamel microabrasion.]

COORDINATION OF BENEFITS

If an Insured is also covered under one or more other Plans, the benefits payable under this Plan will be coordinated with the benefits payable under those Plans.

BENEFITS SUBJECT TO COORDINATION. All benefits covered under two or more Plans will be coordinated except;

1. Life Insurance; and
2. Accidental Death, Dismemberment and Loss of Sight Insurance; and
3. Short-Term Disability Benefits.

EFFECT ON BENEFITS. When coordination applies, we adjust the benefits payable for any Claim Determination Period (period) as follows. The benefits that would be payable for Allowable Expenses incurred in that period under this Plan without coordination are reduced so that the sum of those reduced benefits and the benefits payable for those Allowable Expenses under all other Plans, whether or not claim is made, will not exceed the Allowable Expenses.

If, when we coordinate the benefits of this Plan with those of another Plan, (1) the rules set forth below would require this Plan to set its benefits before the other Plan; and (2) the other Plan coordinates benefits and would set its benefits after the benefits of this Plan have been set; then the benefits of that other Plan will be ignored when setting the benefits of this Plan.

ORDER OF BENEFIT DETERMINATION. The rules used to determine which of the Plans will pay benefits first are:

1. The benefits of a Plan with no coordination will set its benefits before a Plan with coordination.
2. The benefits of a Plan which covers the person other than as a dependent will be set before the benefits of a Plan which covers that person as a dependent.
3. If the claim is made for a dependent child whose parents are not separated or divorced, the benefits of a Plan that covers a child as a dependent of a person whose month and day of birth occurs earlier in a calendar year will be set before the benefits of a Plan that covers that child as a dependent of a person whose month and day of birth occurs later in a calendar year.

If the month and day of birth of both parents is the same, then the Plan which has covered the parent for the longer period of time will pay its benefits first.

If the other plan has a rule based on gender of the parent and, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

4. If the claim is made for a dependent child whose parents are separated or divorced, benefits for the child are determined in this order.
 - a. first, the Plan of the parent with custody of the child;
 - b. then, the Plan of the spouse of the parent with custody of the child; and
 - c. finally, the Plan of the parent not having custody of the child.

But, if there is a court decree which sets financial responsibility for the medical, dental or other health care expenses for the child, the benefits of a Plan which covers the child as a dependent of the parent who is responsible shall be set before the benefits of any other Plan which covers the child as a dependent child.

5. The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) will be set before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and, as a

result, the Plans do not agree on the order of the benefits, then this rule is ignored.

6. When the rules above do not apply, the benefits of a Plan which has covered the person for the longer period of time will set before the benefits of a Plan which has covered the person the shorter period of time.

When the benefits of this Plan are reduced, each benefit is reduced, in proportion. It is then charged against any applicable benefit limit of this Plan.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION. We may give or get from any other organization or person any information necessary to decide whether coordination applies. This may be done without the consent of the Insured. Any person claiming benefits under this Plan will be required to give us any information necessary to coordinate benefits.

FACILITY OF PAYMENT. When other Plans make payments which should have been made under this Plan according to the above terms, we will, at our discretion, pay to any organizations making these payments any amounts that we decide will satisfy the intent of the above terms. Amounts paid in this way will be benefits paid under this Plan. We will not be liable to the extent of these payments.

RIGHT OF RECOVERY. When we make payments for Allowable Expenses in excess of the amount that will satisfy the intent of the above terms, we will recover these payments, to the extent of the excess, from any persons or organizations to or for whom payments were made.

DEFINITIONS. The following apply only to this provision of the policy:

1. "Plan" means any of these types of coverage providing medical or dental benefits or services:

- a. group insurance or group type coverage; whether insured or uninsured. This includes:

- i. Blue Cross and Blue Shield
- ii. blanket (other than school accident-type coverage.)
- iii. Health Maintenance Organizations (HMO's).
- iv. other prepayment, group practice and individual practice plans.

- b. any coverage under a governmental plan or required or provided by law, except Medicaid.

Each type of coverage in a. or b. above is a separate Plan. If an arrangement has two or more parts and this coordination applies to only one part, each of the parts is a separate plan.

2. "Allowable Expense" means any necessary, reasonable and customary expense that at least a part of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered will be both an Allowable Expense and a benefit paid.

3. "Claim Determination Period" means a contract year or that part of a contract year during which the person for whom claim is made has been covered under this Plan.

GENERAL PROVISIONS

Dental Insurance

NOTICE OF CLAIM. Written notice of claim must be given to us within 20 days after the accident causing the injury or, in the case of sickness, within 20 days after the event on which claim is based.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it will not be reasonably possible to give written notice within the 20 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

PROOF OF LOSS. Written proof of loss must be given to us within 90 days after the date of the loss for which claim is made. If it was not reasonably possible to give written proof within the 90 day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible.

PHYSICAL EXAMINATION. We can examine any pre-operative dental x-rays while a dental claim is pending to determine the proper procedures to be considered.

TIME OF PAYMENT. Any benefit payable under this Policy will be paid not more than 60 days after the Company or its administrator receives proper written proof of such loss. If we fail to pay benefits within that applicable period and after receiving necessary proof, the Insured is entitled to interest at the rate as required by state law per year from the 90th day after receipt of due proof to the date of late payment.

PAYMENT OF BENEFITS. All benefits will be paid to the Insured or the Insured's Designee.

PAYMENT OF CLAIMS. If an Insured dies while dental insurance benefits, if any, are unpaid, we may, at our option, pay the person or institution on whose charges claim is based, any member of the Insured's immediate family or the Insured's estate.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PHYSICIAN-PATIENT RELATIONSHIP. The Insured will have free choice of any physician practicing legally. We will in no way disturb the physician-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than three years after proof of loss is required.

INCONTESTABILITY. We cannot contest the validity of the policy after two years from the date of issue except for non-payment of premiums. We cannot contest an Insured's insurability after his or her insurance has been in force for two years while the Insured is alive. Any of the insured's statements that we contest must be in written application signed by the Insured.

WORKER'S COMPENSATION. This policy does not satisfy any requirements for coverage of worker's compensation insurance.

SERFF Tracking Number:	CMLX-G128543962	State:	Arkansas
Filing Company:	Companion Life Insurance Company	State Tracking Number:	
Company Tracking Number:	AR001940100005		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	DEEM01GR12		
Project Name/Number:	DEEM01GR12/AR001940100005		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/06/2012
Comments:		
Attachment:		
Readability Cert.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	07/06/2012
Comments:		
Attachment:		
Form 95187 - Master Application.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Enrollment Form	Approved-Closed	07/06/2012
Comments:		
Attachment:		
Form 95206 - Enrollment Form.PDF		



Companion Life

COMPANION LIFE INSURANCE COMPANY

7909 PARKLANE ROAD, SUITE 200, Columbia, South Carolina 29223-5666

P.O. Box 100102, Columbia, South Carolina 29202-3102

(803) 735-1251

READABILITY COMPLIANCE CERTIFICATION

TITLE OF FORMS: Group Dental Insurance Policy and Certificate

Form Nos: 514 PPO and 515 PPO

I hereby certify that the above referenced forms produce a Flesch reading ease score as follows:

	<u>Policy</u>	<u>Certificate</u>
Flesch Index:	48.8	48.6

I further certify that to the best of my knowledge and belief these forms are in compliance with the NAIC Model Act regarding simplified and readable insurance policies.

Karl Kemmerlin
Vice President and CFO

Dated: July 5, 2012

EMPLOYER APPLICATION FOR GROUP DENTAL INSURANCE



Companion Life Insurance Company • PO Box 100102 • Columbia, South Carolina 29202-3102
1-800-753-0404 • FAX (803) 735-0736



Dental by Design Program

Please Print or Type

EMPLOYER INFORMATION

1. Full legal name of applicant (As it should appear in policy)		Telephone Number ()	
2. Applicant's Federal Tax ID Number			
3. Address	Street	Post Office Box	ZIP
City	County	State	ZIP
4. Administrative Correspondence with the Applicant should be addressed to: Name _____ Title _____			
5. Nature of Business		6. Requested Effective Date:	
7. Are there subsidiary businesses covered under this plan? If YES, please state name and nature of each subsidiary or affiliate. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are separate billings required? If YES, please provide billing instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Type of Administration: <input type="checkbox"/> Home Office Administered <input type="checkbox"/> Self Administered			

EMPLOYEE ELIGIBILITY

The normal work week for full-time employees must be at least 30 hours unless otherwise approved by Companion Life.

9. Current eligible employees are to be covered: <input type="checkbox"/> Immediately on the requested effective date. <input type="checkbox"/> After _____ days of continuous employment. <input type="checkbox"/> First of the month following _____ days of continuous employment.	10. Employees hired after the plan effective dates are to be covered: <input type="checkbox"/> Immediately. <input type="checkbox"/> After _____ days of continuous employment. <input type="checkbox"/> First of the month following _____ days of continuous employment.
Coverage following completion of the waiting period selected will be effective the first of the month following completion of the waiting period or the next billing date.	
11. Number of Eligible Employees: _____	12. Number of Enrolled Employees: _____

SPECIFICATIONS FOR INSURANCE

13. Percent of Premium Paid by Employer: <input type="checkbox"/> Employee Only _____% <input type="checkbox"/> Family/Employee & Dependents _____%		
14. Will this coverage replace any existing dental insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. If YES, name existing insurance carrier:
15. Existing Plan Effective Date:	16. Termination Date of Existing Plan	17. Check coverages being replaced: <input type="checkbox"/> Preventive <input type="checkbox"/> Basic <input type="checkbox"/> Major <input type="checkbox"/> Orthodontia
18. Is prior insurance credit (takeover benefits) requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. The following documentation is required when prior insurance credit is requested. Your current dental plan must have been in effect continuously for at least 12 months prior to effective date. <ul style="list-style-type: none">• Evidence that the prior carrier's coverage has been in force for at least 12 months.• A copy of the most recent bill which includes a listing of all covered employees and their effective dates of coverage (Standard Takeover only).• A copy of the inforce dental plan which may be a contract, certificate, or booklet.		



COMPANION LIFE

20. SELECT BENEFIT DESIGN	<input type="checkbox"/> Standard Dental Essentials	<input type="checkbox"/> Standard Dental Choice	<input type="checkbox"/> Standard Dental Select
Program Deductible (all services)	\$100 Lifetime	\$100 Lifetime	\$100 Lifetime
Type I – Preventive Services	100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months)	100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment, sealants	100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment, sealants, full mouth X-rays
Type II – Basic Services (Waiting Period)	80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None	80% full mouth X-rays, fillings, simple extractions, endodontics None	80% fillings, anesthesia, simple & surgical extractions, endodontics, oral surgery, periodontics None
Type III – Major Services (Waiting Period)	50% anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months	50% anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months	50% crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	\$1,000	\$1,000	\$1,000
Type IV – Orthodontia \$1,000 Lifetime Orthodontal Maximum Deductible (Waiting Period)	50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months	50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months	50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months
Takeover Benefit	Preferred	Preferred	Preferred

21. FOR MODIFIED PLANS ONLY			
Choose Design Options (if any) (below)	Dental Essentials	Dental Choice	Dental Select
Contract Year Deductible Amount per Individual Limit Per Family Waive Deductible for Type I Services? (N/A for Lifetime Deductible)	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Cleanings / Exams	<input type="checkbox"/> 1 per 12 months	<input type="checkbox"/> 1 per 12 months	<input type="checkbox"/> 1 per 12 months
Frequency of Bitewing X-Rays	<input type="checkbox"/> 2 per 12 months	<input type="checkbox"/> 2 per 12 months	<input type="checkbox"/> 2 per 12 months
Change the Contract Year Maximum	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000
Add Retiree Dental Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change the Premium Rate Structure (Standard is Four Tiers)	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers	<input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers
Incentive Plan – Percentage Increases in 2 nd and 3 rd years; No Waiting Periods Apply; Incentive Plan Takeover Only; If Selected, Child Orthodontia Max is \$375 annually and \$1,000 Lifetime	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I–80%/100%/100% Type II–50%/65%/80% Type III–25%/35%/50% Type IV–25%/35%/50%	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I–80%/100%/100% Type II–50%/65%/80% Type III–25%/35%/50% Type IV–25%/35%/50%	<input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I–80%/100%/100% Type II–50%/65%/80% Type III–25%/35%/50% Type IV–25%/35%/50%

22. THE FOLLOWING DESIGN OPTIONS ARE NOT AVAILABLE WITH THE INCENTIVE PLAN:			
Change Coinsurance	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50	<input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50
Add a Type II Waiting Period Six Month Wait for Fillings Only	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes
Change the Type III Waiting Period	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months	<input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months
Increase the Contract Maximum by \$250 per Year Maximum Cap after Increases \$2,500/yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases
Change the Orthodontia Option Orthodontia Lifetime Max Orthodontia Waiting Period Adult Orthodontia	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No
Takeover Option	<input type="checkbox"/> Standard Takeover	<input type="checkbox"/> Standard Takeover	<input type="checkbox"/> Standard Takeover

EMPLOYER'S SIGNATURE

FRAUD WARNING (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Quotations were based on the proposal data submitted to Companion Life. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

Dated at _____ this _____ day of _____, 20 _____
City/State

Signature of Employer

Title

Witness

AGENT'S REPORT

23. Initial Deposit (Minimum first month's premium is required.)

\$

24. Agent/Broker Name (Please Print)

Telephone Number

25. Address

City County State

Zip

26. Agent/Broker E-mail Address:

27. Are there other group insurance plans which duplicate any of the benefits applied for with this application that will remain in force or be placed concurrently with this plan(s)?

☐ Yes ☐ No If YES, please describe the benefit amounts and purposes of these plans:

28. Is Agent or Broker licensed and appointed by Companion for the types of insurance solicited where this group is located?

☐ Yes ☐ No Agent Code Number _____ State License _____

29. Signature of Agent/Broker _____ Date _____



www.CompanionLife.com

GROUP INSURANCE ENROLLMENT FORM
AND CHANGE REQUEST



Companion Life
Companion Life Insurance Company
P.O. Box 100102 • Columbia, S.C. 29202
800-753-0404 (Phone) • 800-836-5433 (Fax)

- ☐ New Employee
☐ Add/Increase Coverage
☐ Change Beneficiary
☐ COBRA
- ☐ Change Address
☐ Change Dependent Coverage
☐ Change Class or Status
☐ Terminate Coverage

Companion Use Only

Approved: ☐ Declined: ☐

Date: _____

By: _____

TO BE COMPLETED BY EMPLOYER		Group No. (10 digit #)	DEPT/DIV (3 digit #)	CLASS
Name of Employer (Use Name from Group Billing Notice or Master Application)				

TO BE COMPLETED BY EMPLOYEES												
Social Security Number			Effective Date			Date Employed Full Time			Date of Birth			Hours Worked Per Week
			Month	Day	Year	Month	Day	Year	Month	Day	Year	
Your Name		Last	First		M.I.		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually Earnings \$ _____			(Do not include over-time or bonuses.)
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Occupation		Your Home Address				City		State		Zip Code

COMPLETE FOR LIFE AND/OR DISABILITY											
COVERAGE REQUESTED <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> AD&D <input type="checkbox"/> Dependent Life Insurance <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Voluntary LTD											
<input type="checkbox"/> Voluntary Life (Amount Selected)		Life EMPLOYEE: \$ _____		AD&D \$ _____		Life SPOUSE: \$ _____		AD&D \$ _____		Life CHILD: \$ _____	
Spouse Name:		Last		First		Middle		Birthdate		Social Security Number	
(Voluntary Life Only)											
Beneficiary for Employee Coverage/Relationship: (Employee is beneficiary for spouse coverage.)											
Last		First		Middle		Relationship to Insured					

COMPLETE FOR DENTAL AND/OR VISION	
Coverage Requested: <input type="checkbox"/> Dental For Employee Only <input type="checkbox"/> Dental For Employee and Dependents <input type="checkbox"/> Vision For Employee Only <input type="checkbox"/> Vision For Employee and Dependents	

Is your spouse to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental and/or Vision Coverage Is For (Check Box Below):				Are you or any of your dependents covered for dental insurance under another policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee plus Spouse	<input type="checkbox"/> Employee plus Child(ren)	<input type="checkbox"/> Family	

Complete for Dependent Coverage			Full-time Student Y/N	Date of Birth	Gender M or F	Do any of your dependents have any other	
Spouse Name	(Last)	(First) (Middle Initial)				dental coverage?	If Yes, Name of Carrier
				/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHILDREN	1			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFUSAL OF GROUP INSURANCE	
I have been offered this insurance coverage and decline to purchase it at this time. I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse any request.	
Coverage Refused (Check All That Apply): <input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Dependent Life <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Voluntary LTD <input type="checkbox"/> Dental <input type="checkbox"/> Voluntary Dental	

FRAUD WARNING (Not Applicable in AZ, FL, GA, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Date	Your Signature X
------	---------------------

NOTICE TO PROPOSED INSURED – DETACH AND GIVE TO PROPOSED INSURED

In connection with your application for insurance as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional, detailed information concerning the nature and scope of this investigation will be provided.